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ABSTRACT

This Kids Count report examines statewide trends and county data on the well-being of Nebraska's children. Section 1 contains a commentary on juvenile justice in Nebraska. Section 2, the bulk of this statistical report, presents findings on indicators of well-being in eight areas: (1) child abuse and neglect/domestic violence (investigated and substantiated cases, reporting, types of abuse, child abuse fatalities in 1999, domestic violence shelters, how domestic violence affects children); (2) early childhood care and education (early childhood development and programs, child care facilities and subsidies, research); (3) economic well-being (TANF, earned income tax credit, single parent families, divorce and child support); (4) education (high school graduates, school dropouts, expelled students, special education); (5) physical and behavioral health (births, prenatal care, low birth weight, births to teens, out-of-wedlock births, immunizations, infant mortality, child deaths, access to health care, blood lead levels, mental health and substance abuse treatment, regional centers, community-based services, youth risk behavior survey); (6) juvenile justice (juvenile arrests, probation, youth rehabilitation and treatment centers, victims of rape, adult jail and parole for juveniles); (7) nutrition (food stamps, USDA nutrition programs); and (8) out-of-home care and adoption (out-of-home care, state foster care review board, children in out-of-home care, licensed and approved foster homes, lack of foster care homes, multiple placements, race and ethnicity, adoption services). Section 3 presents county data notes. Section 4 presents specific county data in table form. Sections 5

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through 7 present information concerning methodology, data sources, definitions, references, and Kids Count Team members. (SD)

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2000 REPORT

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Count in Nebraska

A Publication of Voices for Children in Nebraska

"Dressing Up" Michelle, 4 Nathan, 3 Ryan, 8

Kids Count is a national and state-by-state effort sponsored by the Annie E. Casey Foundation to track the status of children in the United States utilizing the best available data. Key indicators measure the education, social, economic and physical well-being of children.

Kids Count in Nebraska is a children's data and policy project of Voices for Children in Nebraska. An important component of this project is the Technical Team of advisors. The Kids Count Technical Team is comprised of data representatives from the numerous agencies in Nebraska which maintain important information about child well-being. This team not only provides us with information from their databases but advises us on the positioning of their data in relation to other fields of data as well. We could not produce this report without their interest and cooperation and the support of their agencies. Kids Count in Nebraska, sponsored by The Annie E. Casey Foundation, began in 1993. This is the projects eighth report. Additional funding for this report comes from Share Our Strength (S.O.S).

Kids Count photographs featured are all Nebraska children. Several issues and programs may be discussed in a particular section. Children featured in each section represent elements of that section but may not be directly involved with all programs or issues discussed therein.

*Additional copies of the **2000 Kids Count in Nebraska** report as well as 1993, 1994, 1995, 1996, 1997, 1998, and 1999 reports, are available for $10.00 from:*

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Youthful Offenders In Our Juvenile Justice System: Can We Better Serve Them Elsewhere?

The Annual Kids Count Report provides an overview of how Nebraska's children are faring. The report is divided into issue areas such as Child Abuse, Juvenile Justice and Behavioral and Physical Health. While the data and discussion can be divided into those segments, we know that the children are not so easily segmented. Children often experience various concerns throughout childhood such as moving from economic struggles to health deficits and on to violent behaviors. In fact, children are often experiencing multiple and overlapping challenges simultaneously.

The 1999 Kids Count Report identified significant connectedness between children who grow up as victims in violent households and those who later become abusers. This year, we're reminded of another unfortunate connection between children who experience mental illness and those who are arrested and incarcerated. Mental health disorders are startlingly high among our general youth population, with an estimated 20% of children and adolescents experiencing some kind of mental health problem during childhood. Unfortunately, mental health services are not so readily available and accessible and untreated mental illness often leads to behaviors that result in arrest and incarceration.

Recently, the Coalition for Juvenile Justice (CJJ) released their 2000 Annual Report, Handle with Care: *Serving the Mental Health Needs of Young Offenders*, by authors John Hubner and Jill Wolfson. This report unveils startling facts about the high percent of youth in the juvenile justice system who have a diagnosable mental health disorder, (50-75%). Hubner and Wolfson describe the troubled childhood of 15-year-old Thomas, who suffered from Bipolar Disorder and ended up in the Juvenile Justice System due to his difficult behaviors. They also cite numerous statistics revealing thousands of children like Thomas in the juvenile justice system.

Jails Or Inadequate Mental Health Facilities?

According to the CJJ 2000 Annual Report, recent studies show nationally:

- 73% of youth in juvenile facilities reported mental health problems during screening; 57% had previously received mental health treatment.
- 55% of youth in the juvenile justice system have symptoms associated with clinical depression; half have Conduct Disorders; up to 45% have Attention-Deficit/Hyperactivity Disorder (ADHD).
- 1% to 6% have Schizophrenia and other psychotic disorders, a rate significantly higher than that of the general population.
- Up to 19% of youth involved in the juvenile justice system may be suicidal.

To compound the problem, at least half of the youth suffering from mental illnesses also have substance abuse disorders. According to the CJJ Report, the use of substances may be an attempt by youth to self-medicate untreated mental illness.

The dedicated individuals who work with juvenile offenders know well the constant frustration felt by both the staff and the adolescent, due to the inability of the adolescent to make positive and consistent behavioral changes. Youth often make honest and aggressive attempts to control their own behavior, but find themselves in and out of detention facilities throughout their young lives. Although the majority of youth in detention facilities have not committed violent crimes, they remain in these facilities because more suitable placements are scarce or do not exist at all. Due to the lack of appropriate mental health diagnosis and treatment, these same individuals are likely to be discovered serving recurring jail sentences as adults.

Several studies identify stereotypes that have always existed pigeonholing juvenile offenders as children lacking in morals, discipline, and/or respect for adults and property. There is strong evidence that this is not always the case. In the CJJ Report, Michael Faenza, president and CEO of the National Mental Health Association, states "many of the children and adolescents in the nation's juvenile justice system have mental and emotional health problems that remain untreated, even though they contribute to the youth's delinquency."

In Nebraska, a significant proportion of youth admitted to the youth rehabilitation centers have identifiable mental health and substance abuse treatment needs. In the Juvenile Services Master Plan, completed in 1999, a review of female youth residing at YRTC-Geneva revealed that 63% displayed mild to moderate mental health symptoms and 84% had co-occurring mental health and substance abuse issues. In a sampling of 50 male youth residing at YRTC-Kearney, reviewed during

the same time period, 90% showed indications of mild to moderate mental health symptoms and 76% were dually diagnosed with mental health and substance abuse problems.

The Director of the Kearney YRTC echoes the findings of the CJJ Report with his concerns that, "too many of our youth have come to the YRTC from mental health and substance abuse treatment facilities that were unable to manage their behavior enough to keep them in the treatment program."

Why Is This a Concern For Nebraska?

Nebraska ranks as one of the lowest states in the country for state mental health expenditures. Unfortunately, when mental illness is not correctly diagnosed or goes untreated, the adolescents who are involved with the juvenile justice system often become adults involved with the criminal justice system.

What Should Be Done In Nebraska?

The CJJ Annual Report recommends prevention and early intervention as key to resolving these juvenile justice issues. It is necessary to increase community-based, coordinated and cross-system programming to successfully treat adolescents who are involved with the juvenile justice system or are likely to become offenders. Unfortunately, Nebraska has been reluctant to provide adequate funding for these necessary programs.

New Investments Needed

We hope this will change as the next biennium budget process begins. Nebraska needs to invest significantly in a full array of mental health services before children enter the juvenile justice system and while they are being served in that system. Prevention and early intervention services may provide treatment that will deter the youth from criminal activity, reducing Nebraska's reliance on the juvenile justice system. Two of Nebraska's six mental health regions of the state have significant grants from the Substance Abuse and Mental Health Administration (SAMHSA) to provide wrap-around services to children and families with mental health needs. In the Lancaster County area, a special emphasis is also placed on families with children in the juvenile justice system. The time is right for lawmakers to identify a significant source of funding (perhaps a combination of tobacco settlement funds, general funds and funds earmarked from a use-tax) to create an appropriate continuum of care.

Beyond a Moral Obligation - Financial and Public Safety Ramifications

(An exerpt from the Coalition for Juvenile Justice 2000 Annual Report)

Providing youth with humane and effective mental health support - a full continuum of care, including prevention, intervention, treatment and after-care - is clearly an ethical and moral imperative. It also makes strong financial and public safety sense. Taking care of youth is taking care of society.

Every year, Americans spend between $10 and $15 billion on the juvenile justice system, according to an American Youth Policy Forum publication. Unfortunately, the majority of our dollars do not go towards the least costly, most effective front-end prevention, intervention and treatment services.

By far the vast majority of our dollars are spent on the most costly, least effective "solution" to delinquency and mental illness, namely, incarceration in traditional, punishment-oriented large-scale facilities that have "all too often failed to yield the successful results we desire," Says Shay Bilchik, former administrator of the OJJDP.

Yet, this is where we continue to sink our tax dollars.

- According to *Mental Health: A Report from the Surgeon General*, roughly two-thirds of all dollars now spent on juvenile justice go to housing delinquent and mentally ill youth in costly lock-ups that provide little or no mental health programming like the California Youth Authority costs taxpayers $37,000 a year per youth. That is more than room, board and tuition at Stanford University.

- Roughly one-half of all mental health dollars for minors pay for inpatient hospitalization, and another 25 percent is spent to place youth into residential facilities and group homes. The cost of Thomas' ineffective therapeutic lock-up? $7,000 a month, or $84,000 a year.

Such staggering price tags might be more understandable if the administrators could provide data that proves they get positive results. But here, the law of commerce perversely works in reverse. You don't get what you pay for.

According to the U.S. Surgeon General David Satcher, 75 percent of youth treated in costly traditional residential mental health treatment centers were either readmitted to a mental health facility or incarcerated within seven years of release.

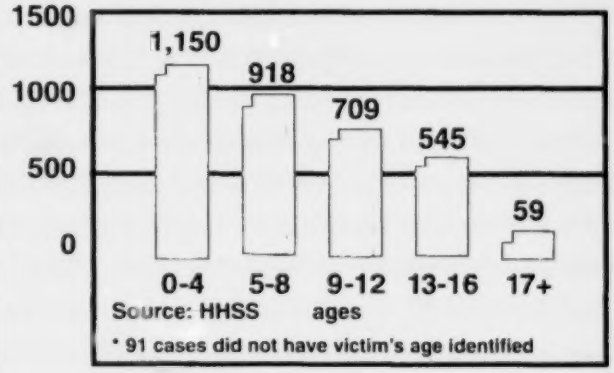
And virtually every study examining recidivism among youth sentenced to juvenile training schools in the past three decades has found that at least 50 to 70 percent of offenders were rearrested within one or two years after release, according to an American Youth Policy Forum report.

Child Abuse and Neglect/Domestic Violence

Investigated and Substantiated Cases

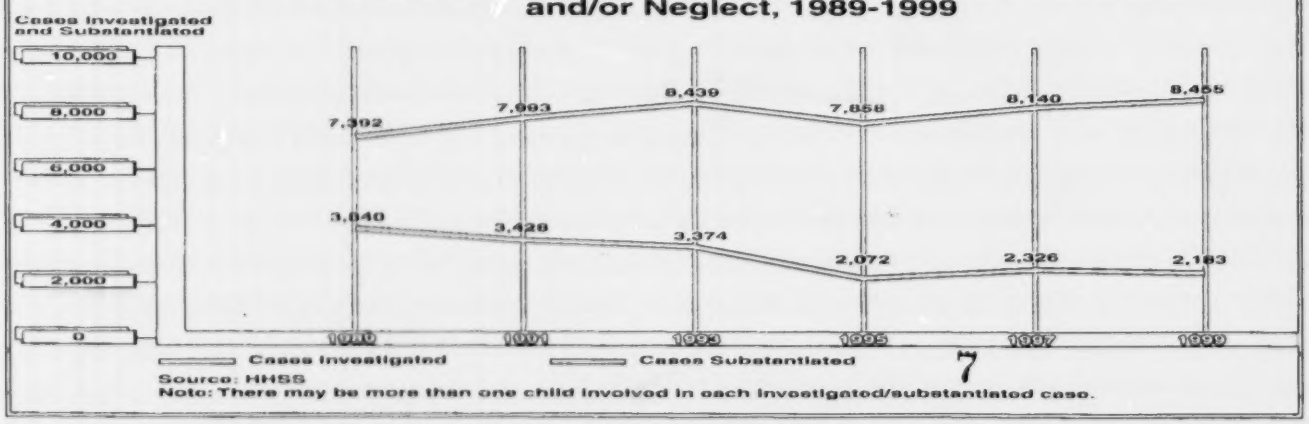
According to the Department of Health and Human Services (HHS), there were 13,857 calls alleging child abuse and neglect received by HHS. Of the calls received by HHS, 8,455 were investigated in calendar year 1999. It is important to note that not all calls reporting child abuse and neglect are investigated because the information reported does not always meet the legal criteria warranting an investigation. To further complicate analysis, research shows that over half of actual cases of abuse go unreported. Of the 8,455 investigated reports, 2,183 were substantiated involving 3,472 Nebraska children. This is a 17.7% decrease in the total number of involved children over calendar year 1998 averaging 1.6 children per case in 1999. This 17.7% reduction appears to be due to a difference in how data is captured by HHS' new computer system, N-FOCUS/CWIS. Previously the computer system recorded all children in the household as victims when there was only substantiation for one child. Although studies show that children who witness violence can have the same responses and behaviors as children who have been abused directly, only those children whose abuse has been officially substantiated are now recorded in the computer system as an abuse statistic. HHS initiated this change in reporting to ensure that perpetrators who have maltreated one child are not identified as having maltreated others if, in fact, they have not. Nebraska has a 26% substantiation rate which is comparable to the 1998 National Child Abuse and Neglect Data System "substantiated" or "indicated" rate of 29.2%.

Ages of Children in Substantiated Cases of Child Abuse and/or Neglect for 1999



Statistically substantiated cases are more likely to involve young children: an estimated 2,068 or 59.5% of the substantiated cases involved children ages 0-8. This does not necessarily mean that children ages 8 and under are more likely to be abused. It is possible that the abuse, especially neglect, of younger children is more evident and more likely to be reported. Based on Health and Human Services estimates approximately 27.6% of substantiated cases involve children ages 0-3. Out of the 3,472 children involved in substantiated cases of abuse and neglect 727 or 20.9% were age 2 or under. In 1999 there were 1,774 female children and 1,672 male children involved in substantiated cases. Hospital discharge records show males as the most likely perpetrator of physical abuse resulting in the need for medical assistance. According to the hospital records, the male abuser is most likely the spouse or partner of the child's mother.

Investigated and Substantiated Cases of Child Abuse and/or Neglect, 1989-1999



It's the Law!

Citizens who suspect or have witnessed child abuse or neglect are required by Nebraska law to report the incident to their local law enforcement agencies or to Child Protective Services.

Although many child abuse reporters, 21.2%, prefer to remain anonymous, law enforcement/legal agencies are the most frequent identified reporters, 19.2%, and schools are second, 11.7%. It is important to note only 1.4% of all reports come from child victims themselves. There are several possible reasons why children do not report their abuse. Children have strong loyalties to their parent. They fear the possible consequences for their parents and/or the perpetrator and themselves and often the perpetrator has threatened them resulting in fear of more serious abuse if they tell.

Types of Abuse

The three main classifications for child abuse are neglect, physical abuse, and sexual abuse. Children can experience more than one classification of abuse and therefore Health and Human Services records all types of abuse that apply to each individual child's situation. Neglect has consistently been found to be the most commonly substantiated form of child maltreatment. A caregiver is found guilty of neglect if they have not provided emotionally, physically, and/or medically for a child. Infants and children who are labeled failure to thrive are often the result of neglect.

Child Abuse Fatalities in 1999

There were 0 child abuse fatalities recorded to Nebraska children recorded in 1999. A total of 13 deaths of Nebraska children have been attributed to child abuse from 1990-1999.

Domestic Violence Shelters

There are 22 adult domestic violence/sexual assault programs in Nebraska's network of Domestic Violence Sexual Assault Programs. From July 1, 1998 through June 30, 1999 these programs provided information and support to13,594 adults, 815 adolescents and 5,685 children. Over 4,000 women and children, 1,821 adults and 2,212 adolescents/children, were provided shelter. A total of 100,029 meals were provided to adults and children from July 1, 1998 to June 31, 1999. The network's crisis line received 110,174 calls, 101,597 domestic violence and 8,577 sexual assault, during June 1998 - July 1999.

How Domestic Violence Affects Children

Nebraska's network of domestic violence/sexual assault programs collected information on a total of 6,705 Nebraska children living in homes where domestic violence occurred. The majority, 79% or 5,328, of these children witnessed the violence and 10% or 672 were physically harmed. Children who witness violence in their homes are six times more likely to commit suicide, are 24 times more likely to commit sexual assault crimes, and have a 50% greater chance of abusing drugs and/or alcohol.[1] Voices for Children, the Domestic Violence and Sexual Assault Coalition, and HHS have formed a coalition. The goal of this collaboration is to better identify and address the intersection between domestic violence and child abuse.

Quotes From Nebraska 6th Graders

"Children need to be protected in all ways because we are the future and the laws need to preserve the future."

"I think that kids are treated unfairly everyday and I think it should stop! Something must be done now or it will be harder later. We must take an active role."

"There shouldn't be abuse and I think it should be a bigger law. Abuse can kill you, scare you, and make you keep secrets. Abuse is scary and I never want to be abused myself. Abuse laws should be there not only for children and babies; you have to think about the abuse of adults, pets, and the abuse of forest and the environment. Abuse happens everyday and it really should come to an end."

Source: Comments from Nebraska sixth graders: The Kid's Rights Survey given by the United States Junior Chamber of Commerce.

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If you need to report an incident of child abuse/neglect please call Child Protective Services 1-800-652-1999.

Early Childhood Care and Education

Early Childhood Development

The quality of early childhood care and education programs has been found to have a direct effect on the way children function throughout their lives. "The quality of interactions that parents and caregivers have with young children dramatically impacts early brain and language development."[1] These interactions influence physical, emotional and mental development in children, basically all aspects of life are affected.

Early Childhood Development Programs in Nebraska

Head Start and Early Head Start

Federally funded Head Start programs provide comprehensive health, education, and nutrition services to low income families with infants and young children prenatally to age 5. The program focuses on cognitive, social, and emotional development in preparation for school and provides support to families.

Research shows that children who participate in Head Start perform better in school and eventually in employment than those children of similar circumstances who are not Head Start participants. Head Start Programs are not available in 21 of the 93 Nebraska counties.

Approximately 8,202 of children ages 3 and 4 live below the poverty line in Nebraska according to the Head Start Regional Office. There is Head Start funding available to meet the needs of less than half of the eligible 3 and 4 year old children in Nebraska. National Head Start expenditures for 1999 totaled 4.6 billion. Nebraska's Head Start expenditures totaled $25,437,904 in 1999, the majority of the funds, $21,000,000, were federal funds while state general funds covered the balance. Migrant Head Start used $616,940 in funds, which is not counted in the Nebraska Head Start funds, and served 84 children. Head Start served a total of 3,815 children ages 3 and 4 in 1999, a slight decrease from the previous year. Ten percent of Head Start enrollment is reserved for children with disabilities.

Five Head Start Programs also recieved additional child care funds as grants to offer full day services. In response to important information about brain growth in infants and young children the Head Start Bureau also funds Early Head Start Programs. In 1999, there were eight Early Head Start grants in Nebraska serving 638 pregnant women and/or children ages 0 to 3.

State Early Childhood Projects

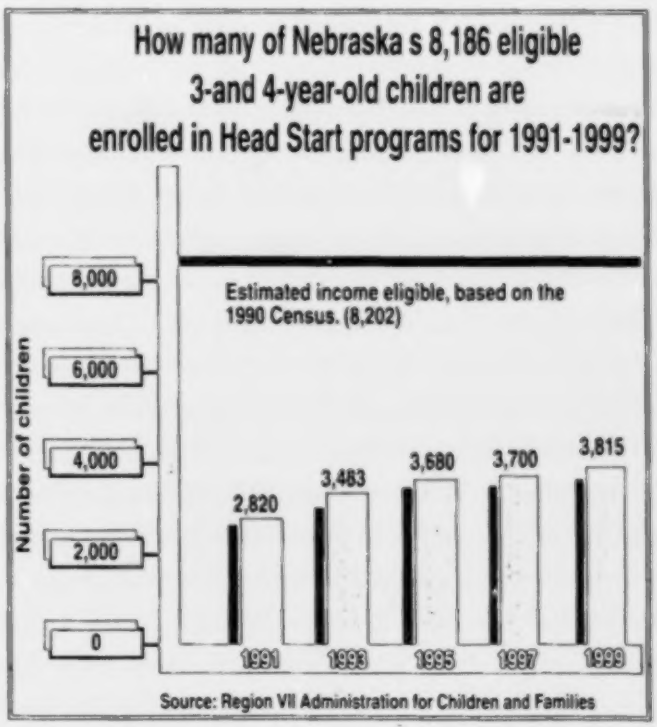
Ten communities combine existing resources with small state grants of $50,000 each to offer integrated child development programs. These Early Childhood Projects currently serve 507 children (duplicated count) and are administered through local schools. They include two serving parenting teens, two offering primarily parent education, five providing part day services, and one full working day program. All center-based programs are required to be accredited. Evaluation of the projects has been ongoing since they began in 1992. Funding for the programs has not been increased since 1996.

Even Start Family Literacy Programs

There are seven federally funded Even Start Literacy programs currently funded in Nebraska, providing services to 220 families. These programs are an effort to break the cycle of poverty and illiteracy and improve the educational opportunities of low-income families through integration of early childhood education, adult literacy or adult basic education, and parenting education.

Early Childhood Special Education and Early Intervention Programs

In 1999, Early Childhood Special Education and Early Intervention programs served 3,071 children ages 0 through age 5 who have verified disabilities. These children are provided services through their local school districts from birth to age 3 in a collaboration between Health and Human Services and Education.



Ryan "Little Red" 19 months

Child Care Facilities and Subsidies

As of December 1999, a total of 4,254 facilities were licensed to provide child care in Nebraska. If a child care facility provides care for four or more children it must be licensed by Nebraska Health and Human Services Systems (HHSS).

Child care subsidies are available to families at or below 185% of the federal poverty level. The Department of Health and Human Services subsidized the child care of 26,911 unduplicated children in 1999 with a monthly average of 13,928 children. A total of $43,989,023 federal and state dollars were used to subsidize child care at an average cost of $1,600 per child. Subsidies are usually paid to providers directly. Preschool and school age child care costs between $18 and $24 per day while infant care is higher costing between $20 and $26 per day. Home-based care generally costs less than child care centers. Subsidized families who hire individuals to provide in-home care usually have a child with a special need or illness, a need for care during odd hours such as evenings or weekends, or the family has multiple children who need care. In-home child care is the most expensive averaging approximately $5.15 per hour.

Impact Box

For every dollar we spend providing high-quality early childhood care and education, we can save $7 on future remedial and special education, incarceration and other social programs.

Source: The High/Scope Perry Preschool Project

Other Initiatives

Nebraska Good Beginnings

Nebraska Good Beginnings was initiated in 1993 to encourage communities to provide coordinated early childhood development services to strengthen and support families expecting a child or with young children from birth through age 5. It is a partnership between state agencies, the Department of Education and HHSS, and Nebraska communities. The partnership recognizes programs and communities who are committed to families. In 1999, two Nebraska communities were presented a Nebraska Good Beginnings Award.

What Research Tells Us:

The Perry Preschool Project

The Perry Preschool Project began 38 years ago in Michigan, and the results have yet to be disputed. In fact they are supported again and again by follow up of the original participants and similar studies in more recent years. The Perry Preschool Project studied 123 high risk (at risk for school failure) 3 and 4-year-old African American children. The project provided comprehensive preschool education and experiences for these children two years prior to entering elementary school. The project was not only successful as an educational intervention, it also showed that children who received this early childhood care and education were less likely to commit crimes, depend on welfare, or become teenage parents through their adolescent years. By the age of 27 (approximately the year 1990), the now adult participants were nearly three times as likely to own their homes, over four times as likely to earn a monthly living of $2,000 or more, and less than half as likely to utilize public assistance as the control group.

James, 19 Months

Policy Box

In June 1999 Governor Johanns organized the Business Council on Child Care Financing. The council's business perspective was utilized to develop innovative methods to help finance quality child care in Nebraska. The goal is to create ways to make quality child care both accessible and affordable for Nebraska families.

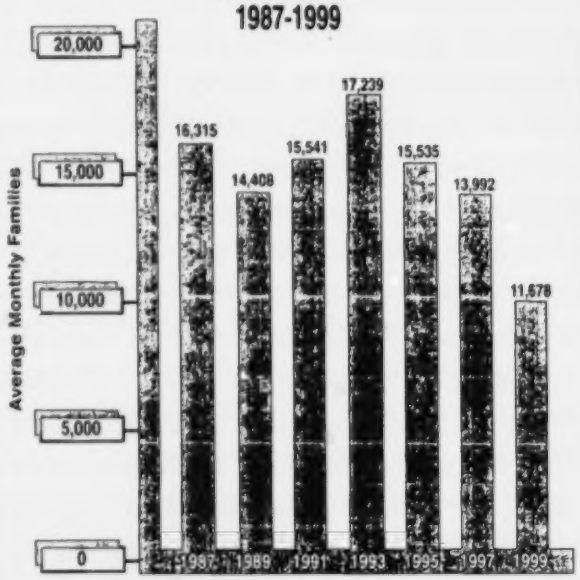
Economic Well-Being

Temporary Assistance to Needy Families (TANF)

While Aid to Dependent Children (ADC) remains the title of government "cash assistance" in Nebraska, TANF focuses on education and non-cash resources to foster self-sufficiency among program recipients. Nebraska implemented the Employment First Program to aid parents in obtaining and maintaining independent financial stability within 48 months, utilizing cash assistance for 24 of the 48 months. Medicaid coverage, child care services and supplements, and job support are all provided by Employment First.

ADC provided benefits to 11,678 Nebraska families with 23,872 children on an average monthly basis in 1999. Food Stamps were provided to 7,644 of the families receiving ADC. ADC benefits totaled $47,999,760 with an average monthly payment of $342.52 per family and $119.05 per individual. ADC and Food Stamps expenditures have decreased in recent years, indicating a reduction of child poverty in Nebraska. The 2000 census data will be released in 2002 providing a clearer picture of poverty in Nebraska. The maximum ADC payment amounted to approximately 32% of poverty.

How many Nebraska families with children receive ADC?
1987-1999



Source: HHSS
Note: Average monthly participation levels.

Frieda's Story

Frieda is a married mother of five children and one on the way. She and her family recently moved from the Pine Ridge Reservation to find better economic opportunities. Both Frieda and her husband are unemployed and are looking for steady employment. They are receiving Medicaid, WIC, and AFDC and do not know how they would have survived this long without it. "It is impossible to get a job on the reservation. The reservation is so spread out, it is difficult to find transportation in order to get and keep a job. If someone can finally find a job they cannot find child care, especially quality child care. We did not want to leave our life on the reservation but we cannot find jobs and the kids will get better educations in town. We're afraid our children will lose site of where they came from and their culture but we cannot risk their educations and our ability to provide a life for them." Frieda plans to get her GED so that she can further her education after the baby is born. She has talent and interest in photography.

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Frieda's Family

1999 Federal Poverty Guidelines

(at 100% of poverty)

Size of Family Unit	Gross Annual Income
2	11,060
3	13,800
4	16,700
5	19,520
6	22,340

Source: HHSS. Note: The 1990 census estimates that 13% of all Nebraska children and 17% of Nebraska children under 5 live in poverty.

Policy Box

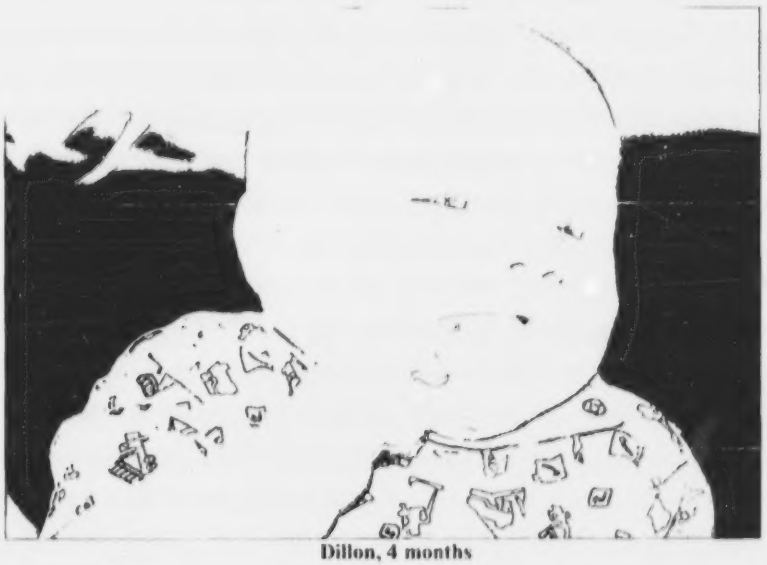
In response to the fear that TANF (Temporary Assistance for Needy Families) may be responsible for increases in child poverty rates in some states, the U.S. Department of Health and Human Services (HHS) published a rule which requires individual states to track child poverty rates annually. If the child poverty rate increases by five percent as a result of the state TANF program, the state must prepare and submit a plan for corrective action to HHS. The goal is to effectively monitor whether or not TANF is having a negative impact on children due to increased child poverty.

Earned Income Tax Credit

The federal Earned Income Tax Credit was created to help low and moderate-income working families retain more of their earned income. In 1999, 86,465 Nebraska tax returns claimed Earned Income Tax Credit for a total of $133,310,000.

Single Parent Families

Research shows that over 50% of the children in the United States will spend all or part of their childhood in a single parent household. Single parent families are less likely to have adequate support systems and sufficient financial sources. Lack of these necessary resources is associated with increased parental stress and a greater incidence of child abuse. Based on 1996 census estimates, approximately 22% of Nebraska families are headed by a single parent.



Dillon, 4 months

Divorce and Child Support

Vital statistics will be unable to supply information regarding 1999 marriages and divorces due to the utilization of new software. We hope to provide both the 1999 and 2000 information in next years Kids Count report.

Health and Human Services Systems (HHSS) responded to 71,176 requests from custodial parents for assistance in collecting delinquent child support payments. In state fiscal year 1999 HHSS collected $14,407,867 on behalf of children who are dependent on Temporary Assistance to Needy Families (TANF). A total of $109,254,493 was collected on behalf of families who were not receiving TANF but were also owed child support.

Education

High School Graduates

High school diplomas were awarded to 22,635 youth in 1999. In addition, 2,406 were granted their GED or other certificate of high school completion. Of the possible graduation cohort (1995 Nebraska 9th graders) an estimated 84% completed high school in 1999. Approximately 91% of the 1999 Nebraska graduates were white, 3% were black, 3% were Hispanic, 1% were Asian, and .6% were Native American or Alaska Native. The average yearly cost per Nebraska pupil was $5,838.38 in 1999.

School Dropouts

During the 1998-1999 school year a total of 4,013 Nebraska students dropped out, 2,382 males and 1,631 females. Less than 1% of all white students enrolled in the fall of 1998 dropped out of school while the minority groups carried higher percentages. Hispanic students made up less than 6% of the student population, grades K-12, but comprised over 12% of the dropouts while 6% of the total students were black and over 16% of the total dropouts were black.

Expelled Students

For students who are found in intentional possession of a dangerous weapon and/or using intentional force in causing physical injury to another student or school representative expulsion is required according to the School Discipline Act of 1994. It is also required in Nebraska that an expelled student be placed in an alternative school, class, or educational program. A student can be expelled from a school not the entire school system, allowing the student to continue their education. It is necessary for schools to develop a written plan with the student and his/her parents prior to expulsion outlining expectations both behavioral and academic in order for the student to be retained in school. While some schools rely on parents others are developing creative and highly motivating alternative programs. Therefore the term expulsion may hold a different meaning in different school districts. A total of 849 Nebraska students, grades 7-12, were offered alternative education in response to expulsion from customary education.

Statewide Dropouts by Race and Gender for 1999

Race	Females	Males
White	1,058	1,493
Black	255	405
Hispanic	201	319
Am. Indian/Alaskan	95	111
Asian	22	28

Source: Nebraska Department of Education

Statewide Expulsions 1998-1999

1988-89	280
1989-90	237
1990-91	235
1991-92	284
1992-93	273
1993-94	209
1994-95	283
1995-96	443
1996-97	615
1997-98	663
1998-99	849

Source: Nebraska Department of Education

Impact Box

The Coalition for Juvenile Justice (CJJ) is making the relationship between education and delinquency the research subject for the 2001 Annual Report. Research has already identified a link between special needs and delinquent behavior. The goal of the CJJ research is to provide a knowledge base that will assist schools, parents, and juvenile justice professionals in early identification of learning problems. Special need services may then be provided that will help prevent negative or delinquent behaviors.

Some Facts:

- Among incarcerated youth, 70% have diagnosable learning disabilities
- Special needs such as impairments in speech, language, vision and hearing; neurological disabilities; and emotional disturbances that negatively affect concentration and learning occur much more frequently among court-involved children.
- By the time youth with learning disabilities have been out of school for three-to-five years, over 30% will be arrested; nearly 60% of youth with emotional disturbances will be arrested after being out of school for three-to-five years.

It appears that early detection and appropriate intervention could prove beneficial to both children and communities.

Quote

"The government should treat kids as nice as possible and give them all an education because one day they will be running the United States and you want kids without education doing that?" Nebraska sixth grader.

Comments from the Kids' Rights Survey given by the United States Junior Chamber of Commerce.

Special Education

Special education services were received by 43,531 or 13.2% of Nebraska students during the 1998-1999 school year based on a count on December 1, 1999. Also, on December 1, 1999, 3,071 preschool children birth to age 5 with a verified disability were receiving special education services. Students ages 16-21 are considered to be transitioning from school to adult life. It is important in the development and successful education of a child that the need for special education be identified at an early age. Unfortunately, of the 16-21 age group 6,131 have a disability reported by their school district. In the twelve months prior to December 1, 1999, 1,301 students identified with a disability graduated.

Marie, 6

Health - Physical and Behavioral

Birth

There were a total of 23,900 live births to Nebraska residents in 1999. Although the majority of these babies were born healthy, 1,611 or 6.7% were of a low or very low birth weight; 2,505 or 10.5% were born to mothers age 19 or under, and 6,183 or 25.9% were born to unwed parents. Of the Nebraska babies born in 1999, 20,115 or 84.2% were born to mothers who did have prenatal care in the first trimester of pregnancy.

Prenatal Care

Early and ongoing prenatal care is associated with healthy and full-term newborns. In Nebraska in 1999 3,709 babies were born to women who did not have prenatal care in the first trimester and 150 had no prenatal care at all. Over 85% of white, 73% of black, 66% of Native American, 82% of Asian, and 68% Hispanic newborns had mothers who received prenatal care in the first trimester.

Research also shows that birth outcomes are affected by the health of the mother prior to conception. Doctors, scientists and nutritionist are urging women who are of a reproductive age to include adequate amounts of folic acid in their diets to help prevent the number one cause of infant death in Nebraska, birth defects. In 1999, 42 babies died of birth defects prior to their first birthday. Folic acid prior to and following conception can reduce the chance of neural tube birth defects such as spina bifida and anencephaly.

Low Birth Weight

Low birth weight is the second leading cause of infant mortality in the United States and the highest predictor of death and disability. Women who smoke are twice as likely to have low birth weight babies than women who do not smoke.[1] Research shows that tobacco use during pregnancy is associated with up to one-fifth of all low birth weight babies. Fifteen percent or 3,603 pregnant Nebraska women reported smoking cigarettes during their pregnancy in 1999. Other factors related to low birth weight are lack of prenatal care, premature birth, women who neglect to gain the appropriate amount of weight during pregnancy, and multiple gestation. A newborn is considered to be of low birth weight if it weighs below 2,500 grams or 6.4 pounds. In Nebraska in 1999, 6.4% or 1,611 of the babies born were considered low birth weight while 1.2% or 296 were of a very low birth weight, less than 1,500 grams or 3.3 pounds.

Victoria, 1Day Old

Births to Teens

In 1999, 826 babies were born to girls age 17 and under making a total of 8,348 from 1990-1999 in Nebraska. Teens ages 15-17 were the mothers of 7,947 of these babies born across the ten year span while 401 babies were born to mothers under age 15. Of the babies born to teen mothers ages 10-17 in 1999, 621 were born to white mothers, 141 were born to black mothers, 45 were born to Native American mothers, 9 were born to Asian mothers and 173 of the babies were born to mothers with Hispanic ethnicity.

Teen Births in 1999 in Nebraska
2,505 births to mothers 13-19 years of age

- **5 births to mothers age 13**
- **115 births to mothers age 14-15**
- **706 births to mothers age 16-17**
- **1,679 births to mothers age 18-19**

Source: Vital Statistics, HHSS

Out-of-Wedlock Births

Unmarried mothers run a greater risk than married mothers of having children born with adverse birth outcomes, such as low birth weight and infant mortality. Children born to unmarried mothers are also more likely to live in poverty than children born to married mothers.[2] The likelihood that a mother will be married upon the birth of the child increases with the age of the mother up to age 30. In 1999, 91.5% or 756 of the mothers age 17 and under were not married upon the birth of the baby.

Immunizations

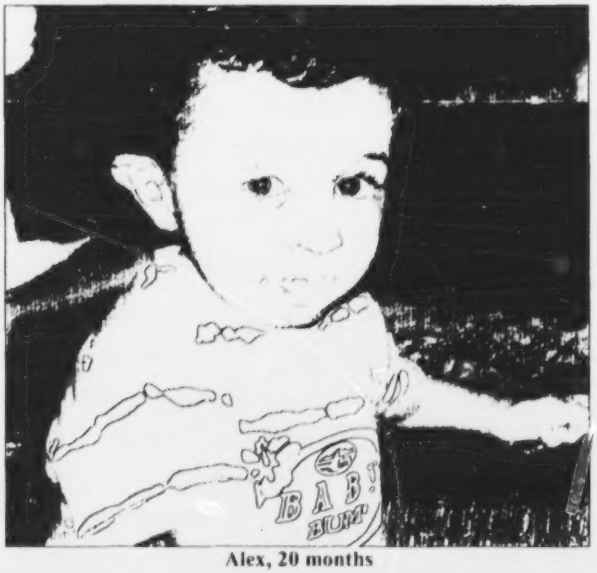
The U.S. Centers for Disease Control and Prevention (CDC) set a national goal that 90% of all children be immunized (except for preschool boosters) by the age of two. According to the National Immunization Survey for calendar year 1999, 79.8% of Nebraska two-year-olds have received four DPT (diptheria-tetanus-pertussis shots), three polio shots, one MMR (measles-mumps-rubella shot), three HIB (H. influenza type b), and three Hepatitis B. immunizations. The U.S. national average was 71.3%. Varicella (chicken pox) vaccine rates increased from 30.7% in 1998 to 58.4% in 1999. The U.S. national average for varicella vaccine was 54.6%.

In 1999, there were 14 cases of pertussis (whooping cough) reported. This is a return to more typical numbers (the five years prior to 1998 the reported cases hovered around 14 or 15 per year) from the 24 cases reported in 1998. There have been a total of 110 cases of pertussis reported from 1993-1999. Generally the disease does not have a strong effect on older children or adults however, it can be easily passed to young children who may end up hospitalized or worse. Although there have been no deaths in recent years, pertussis is a potentially deadly disease for young children.

Selected Causes of Death, By Frequency Ages 1-19 in Nebraska, 1990-1999

Causes	Frequency
Motor Vehicle Accidents	614
Non Motor Vehicle Accidents	284
Suicide	179
Cancer	141
Homicide	127
Birth Defects	75
Asthma	24
Pneumonia	23
Stroke	15
AIDS	6
Diabetes	4
Aortic Aneurism	2
Influenza	2
Cirrhosis	1
Nephritis	1
All Other Causes	336
TOTAL	**1834**

Source: HHSS



Alex, 20 months

Infant Mortality

The state of human well-being can be indicated through infant mortality rates. Nebraska's mortality rate is decreasing, however Nebraska's rank historically has been worse than most other states. In 1999, the infant mortality rate, deaths per 1,000 births, was 6.8, down from 7.3 in 1998. In October 1999, Governor Mike Johanns appointed a Blue Ribbon Panel to investigate infant mortality in Nebraska. In 1999, 162 Nebraska children under the age of one year died.

From 1990-1999 Nebraska residents lost 1,822 infants before their first birthdays. The number one cause of infant death 25.9%, in Nebraska in 1999 was birth defects, while 14.2% of these deaths were due to Sudden Infant Death Syndrome (SIDS). Unfortunately, infant mortality rates are typically higher for minority populations. In 1999, white Nebraskans experienced an infant mortality rate of 6; while blacks experienced a rate of 19, Native Americans 7.3, and those of Hispanic origin had a rate of 9.4. According to Healthy People 2000, the high infant mortality rates among minorities, especially black Americans, are related to a life long minority status.

Child Deaths

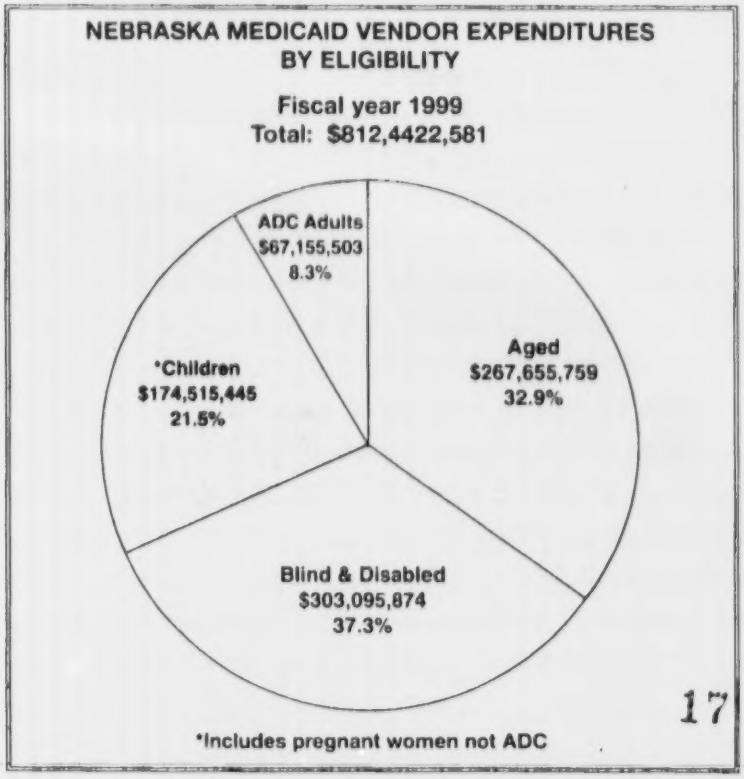
In 1999, 190 Nebraska children age 1 -19 died. Thirty-three percent of the deaths were attributed to motor vehicle accidents while non-motor vehicle accidents, approximately 13%, were the second leading cause. Therefore, accidents tend to be responsible for the loss of close to half of the children. Fifteen deaths were attributed to cancer, 18 children were lost to suicide and 15 to homicide in 1999. Deaths to suicide and homicide are often associated with substance abuse.

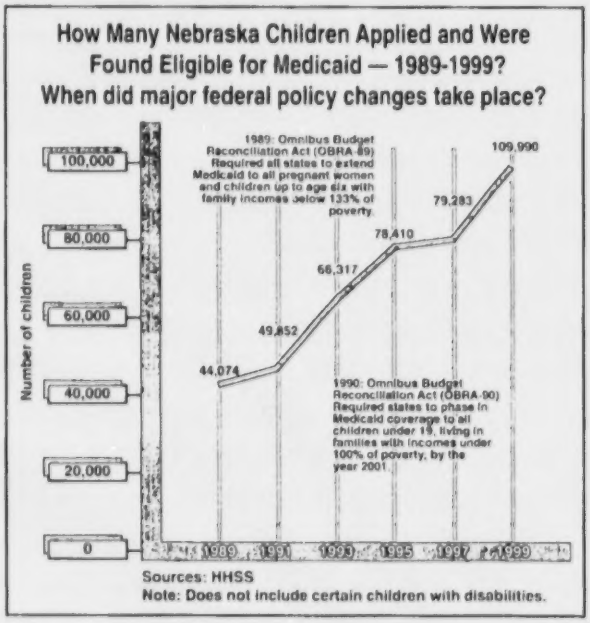
Access to Health Care

Most uninsured children live in working families who do not have access to health care insurance through their employer, either because it is not offered or is too expensive. Many of these children are eligible for Kids Connection. Kids Connection provides free health care coverage for children living in families at or below 185% of the federal poverty level. Kids Connection includes both the Children's Health Insurance Program (CHIP) and the Nebraska Medical Assistance Program (Medicaid). In December 1999, 109,990 Nebraska children received health care coverage through Kids Connection. In 1998, before the CHIP portion of Kids Connection was in effect in Nebraska, HHS estimated that 24,000 Nebraska children were uninsured and living in families with incomes below 185% of poverty level. From September 1998, with the implementation of CHIP and the adoption of the Kids Connection program name, through December 1999, enrollment in the Kids Connection program increased by 22,220.

According to Rachelle Weight, Voices for Children Health Coordinator, "Providing affordable health care coverage is much more cost effective than letting treatable illnesses go unmanaged. Insuring children is extremely cost effective saving tax payer money in the long run."

"New Glasses" Thanks to Kids Connection Ariel,5 & Ian,10




How Many Nebraska Children Applied and Were Found Eligible for Medicaid — 1989-1999?
When did major federal policy changes take place?
Number of children
100,000
80,000
60,000
40,000
20,000
0
1989: Omnibus Budget Reconciliation Act (OBRA-89) Required all states to extend Medicaid to all pregnant women and children up to age six with family incomes below 133% of poverty.
1990: Omnibus Budget Reconciliation Act (OBRA-90) Required states to phase in Medicaid coverage to all children under 19, living in families with incomes under 100% of poverty, by the year 2001.
44,074
49,852
58,317
78,410
79,283
109,990
1989
1991
1993
1995
1997
1999
Sources: HHSS
Note: Does not include certain children with disabilities.

Policy Box

The State of Nebraska passed legislation in 2000 to address the Medicaid deficit. The Legislature appropriated an additional $32.4 million to meet the budgetary costs of the Medicaid program.

Blood Lead Levels

Elevated blood lead levels in young children are associated with significant detrimental physical, behavioral, and cognitive development effects. IQ levels may be lowered as well as attention spans. Lead is also related to increased behavioral problems, malnutrition, and most importantly lead poisoning can be fatal. In 1999, 10,409 children were reported having been tested for elevated blood lead levels and 588 were considered to have blood lead levels in the range where detrimental effects on health have been clearly demonstrated.

The common way for children to be exposed to lead is through exposure to lead-based paints. Houses built prior to 1950 more often than not contain lead-based paint. Thirty-eight percent of Nebraska homes were built 50 years ago. Some homes built as recently as 1978 may also contain lead-based paint. The best way to protect children who are at risk in their own homes is to maintain freshly painted walls to avoid chipping and peeling of the paint. It helps to also keep these areas clean and dust free.

Mental Health and Substance Abuse Treatment

Nebraska Health and Human Service Systems (HHSS) funds some mental health and substance abuse services for children. Children who utilize these services are most often from lower income Nebraska families or are involved in the court system. Services paid for by private insurance are not included in the data and therefore the total is an underestimate of the number of children provided these services.

Regional Centers

The only state regional center with a specialized program for adolescents is the Lincoln Regional Center. The Lincoln Center served 50 children in their inpatient program. The Norfolk Regional Center provided services to 8 youth and the Hastings Regional Center served 15 youth in 1999.

Number of Children Receiving Specialized Treatment for Substance Abuse.

Treatment Type	Females	Males	Total
Alcohol Related	240	392	632
Drug Related	95	204	299
Both Alcohol and Drug Related	54	122	176

Source: HHSS

Shelby, 8

Community-Based Services

Publicly funded services available through community-based organizations are out-patient programs with counseling for mental health and/or substance abuse, substance abuse prevention, partial care and halfway house services, mental health day treatment, emergency psychiatric service and therapeutic group home services.

In 1999, 931 Nebraska children received mental health and substance abuse services through community-based programs. Out of those children 340 received mental health services, 586 received substance abuse services, and 5 received both mental health and substance abuse services. According to Magellan, the Professional Partner Program served 424 children considered to have serious emotional disturbance. The Magellan program information provided is not representative of all mental health services provided to Nebraska children. Medicaid provided mental health services to children in 1999.

Youth Risk Behavior Survey

Developed by the National Center for Disease Control and Prevention and prepared by the Nebraska Health and Human Service System (HHSS), the Youth Risk Behavior Survey (YRBS) includes self-reported health information from a sample of 2,098 Nebraska 9-12 graders in 1999. The goal of the report is to determine and reduce common youth health risks, increase access and delivery to health services, and positively effect the often risky behavioral choices of youth. There are six categories of health risk behaviors included in the YRBS survey:

1) Behaviors that result in unintentional and intentional injuries
2) Tobacco use
3) Alcohol and other drug use
4) Sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies
5) Dietary behaviors
6) Physical activity

Source: The 1999 Youth Risk Behavioral Survey of Nebraska Adolescents

The 1999 Youth Risk Behavioral Survey of Nebraska Adolescents Highlights

Alcohol and Other Drugs

Unfortunately, other surveys support the YRBS finding that alcohol is heavily used by youth in Nebraska. Fifty-six percent of the youth surveyed had consumed alcohol in the last 30 days prior to the survey 43.7% of the boys and 38% of the girls had binged (drinking 5 or more drinks in a row) on alcohol. According to the YRBS 1999 report, approximately half of all motor vehicle crashes and homicides and suicides among youth involve alcohol. The report goes on to say that youth alcohol use is associated with increased occurance of multiple sexual partners, marijuana use, and lower academic performance. Some of the other drugs youth utilized were marijuana (31%), inhalants such as glue, paints, or aerosols (13%), methamphetamines (8%), and cocaine (7%).

Tobacco

According to the US Department of Health and Human Services, the most preventable cause of death in the nation is tobacco use.[1] In Nebraska, 37% of the students surveyed reported smoking cigarettes, 20% smoked cigars, cigarillos, or little cigars, and 12% had chewed tobacco or snuff at least once in the past 30 days. The Centers for Disease Control and Prevention warns that an estimated 5 million U.S. persons who were age 17 and under in 1995 could die prematurely from illnesses associated with smoking if current patterns of cigarette use continue.[2]

Motor Vehicle Crashes

The leading cause of Nebraska deaths among youth age 15-24 is automobile crashes. Although Nebraska's legal drinking age is 21, 23% of all alcohol-related motor vehicle crashes involved drivers between the ages of 15 and 20 in 1998. According to the YRBS, 46% of students reported riding in a vehicle driven by someone who had been drinking alcohol and 26% had driven a motor vehicle themselves when they had been drinking alcohol.

Teen Sexual Behavior

Thirty-eight percent of the adolescents surveyed reported that they had experienced sexual intercourse at least one time in their life and 32% of the adolescents who reported having had sexual intercourse used alcohol or drugs prior to their last sexual intercourse. While the majority of these teens, 63%, reported using a condom the last time they had sexual intercourse, lessening their chances of contracting a sexually transmitted disease or producing pregnancy, 37% did not. Twenty-six percent of the respondents reported having had sexual intercourse in the past three months and 26% have had intercourse with four or more people during their life. According to HHS, of the Children age 19 and under in 1999, 2,143 were reported to have a sexually transmitted disease (STD), 18 were reported HIV positive, and 17 were reported with having AIDS.

Obesity, Dieting, and Eating Disorders

The YRBS student respondents were requested to include their height and weight measurements on their surveys. Of the 32% of students who described themselves as overweight, only 18% were actually considered to be overweight or at risk of becoming overweight according to the Body Mass Index (BMI), the weight measurement tool utilized by the YRBS. Forty-two percent of the females surveyed described themselves as overweight, however only 14% were at risk of becoming over weight or were overweight according to the BMI. Males appeared to have more accurate perceptions of their weight, 22% described themselves as overweight and 23% were overweight or at risk according to the BMI. Although only 14% of the female students met the BMI criteria for overweight or at risk of becoming overweight, 63% of the females surveyed reported that they were trying to lose weight at the time of the survey. Twenty-four percent of the males surveyed were also trying to lose weight at the time of the survey and 34% of males reported that they were trying to gain weight. Four percent of the females were trying to gain weight. Forty-two percent of males and 33% of females were trying to maintain their weight.

The teens reported the ways they have tried to lose or keep from gaining weight, the most popular route reported was exercise, 47% of males and 76% of females. Twenty percent of males and 63% of females reported dieting by cutting back on food intake, calories, and and/or fat while 6% of males and 18% of females dieted by not eating for 24 or more hours. Three percent of males and 10% of females reported taking diet pills, powders, or liquids without the advice of a physician and 2% of males and 7% of females had vomited or taken laxatives.

For more information and results regarding the 1999 Youth Risk Behavior Survey of Nebraska Adolescents go to www.hhs.state.ne.us/srd/NE_Adolescent.pdf on the worldwide web.

Juvenile Justice

Juvenile Arrests

In Nebraska in 1999, 20,939 juveniles were arrested, a 5% decrease from 1998. Male juvenile offenders make up 70% of juvenile arrests. Female juvenile offenders outnumber male offenders in two main offenses: runaways and prostitution/commercialized vice.

What Were Nebraska's Juvenile Arrests for Part I and Part II Offenses for 1999?

PART I	
VIOLENT CRIMES	
Aggravated Assault	**124**
Robbery	**91**
Forcible Rape	**22**
Murder/Manslaughter	**3**
Death by Negligence	**0**
PROPERTY CRIMES	
Larceny Theft	**4,599**
Burglary	**529**
Motor Vehicle Theft	**270**
Arson	**125**
PART II	
Liquor Law Violations	**2,962**
Vandalism	**1,491**
Drug Abuse	**1,377**
Simple Assault	**1,974**
Stolen Property, Buy, Receive, Possess	**396**
Weapons Violations	**227**
Sex Offenses(except rape/prostitution)	**121**
Fraud	**110**
Forgery/Counterfeiting	**86**
Embezzlement	**21**
Prostitution/Vice	**5**

Source: Nebraska Crime Commission

Policy Box

During the 2000 Legislative session several changes were made affecting juvenile services. The law requires counties to develop juvenile service plans by January 1, 2003. The Juvenile Diversion, Detention and Probation Services Team would be created. This team would be responsible for recommending a standardized juvenile detention screening instrument, developing a plan for regional secure juvenile detention facilities, developing a plan for juvenile diversion services and reviewing the purpose and function of juvenile probation. This law also merges the two juvenile justice grant committees under the Nebraska Commission on Law Enforcement and Criminal Justice into the Juvenile Justice Coalition.

Probation

A total of 7,212 Nebraska juveniles were on probation in 1999. This is up from the 5,984 juveniles on probation in 1998. Statewide, 2,780 youth satisfactorily completed probation, 542 more than in 1998.

Youth Rehabilitation and Treatment Centers (YRTC)

A total of 1,208 Nebraska youth were in YRTC facilities in 1999, 993 males in Kearney and 215 females in Geneva. Geneva was responsible for the evaluation of behavioral disorders of 345 male and female youth in 1999. Geneva houses approximately 95 females with an average cost of $103 a day and totaling $37,595 annually. There are an average of 230 males living in Kearney daily, each costing $75 per day and $27,375 annually. Based on these numbers it costs $9,785 to run Geneva for one day and $17,250 to run Kearney for one day.

Victims of Rape

In 1999, the Nebraska Crime Commission received 409 reports of rape (forcible and attempted). With the exception of the Omaha Police Department, all Nebraska law enforcement agencies voluntarily submit a supplemental report on each rape reported providing details of the incident. Forty-two percent or 100 of the 235 rape victims outside of Omaha, were age 17 and under.

The Wesley House

Children and adolescents who have made mistakes have a chance to prove themselves at the Wesley House. The Wesley House Social Development Program is an alternative to placing children/adolescents in juvenile detention centers. It offers education, support, and stability to youth who have exhibited risky behavior resulting in arrest or other involvement with the law. The participants are able to maintain placement with their parent/guardian(s) but are court required to attend activities at the Wesley House after school or all day in the summer. During Voices for Children's visit to the Wesley House, participants were eager to suggest ways to keep other youth from "getting into trouble."

The most repeated suggestions were:

1) Giving kids more things to do when they are not in school such as neighborhood community centers offering open gym and art activities.
2) Providing mentors who "stick around and are fun."
3) Employers who allow flexible hours for parents so that they can be home with their children more often.

All of the youth interviewed described the Wesley House as the last chance, some even said "a gift" and they have no intentions of "messing up" for fear they will be placed in a juvenile detention center.

Adult Jail and Parole for Juveniles

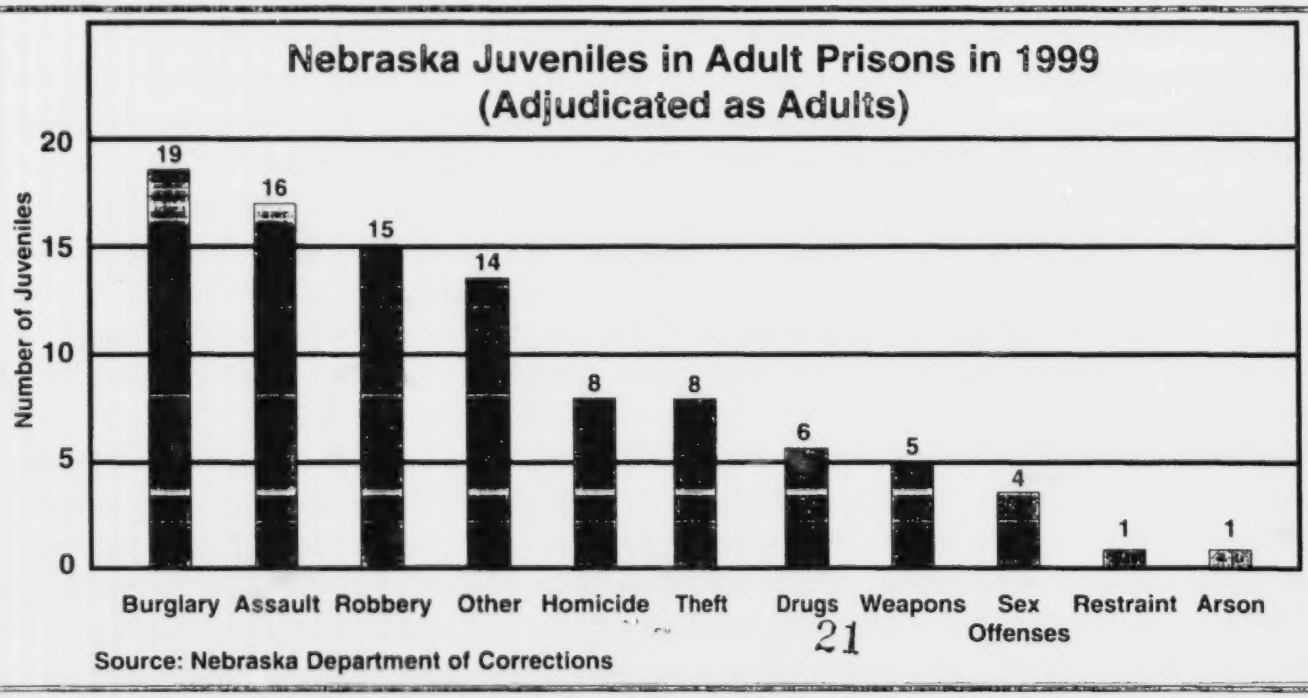
Research shows that trying juveniles in adult court has not been found to be an effective intervention in reducing juvenile crime, however it is often used nationally. Youth who are tried in adult court may be incarcerated in adult prisons. In 1999, 97 youth under the age of 18 were housed in adult prisons in Nebraska. Of these juveniles, roughly 50% were incarcerated for robbery, burglary or theft while the remaining were held for drug offenses, weapon offenses, sex offenses, and homicide. In Nebraska, 8 youth were held for homicide in 1999. There were 7 youth on parole from adult prisons as of June 30, 1999.

Impact Box

According to the Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Study Group on Serious and Violent Juvenile Offenders there are early predictors of adolescent violence.

Aggressive behavior measured from ages 6 to 13 consistently predicts later violence among males, in fact males ages 10-13 with high teacher-rated aggression scores were six times more likely than boys who were not rated aggressive to be violent offenders.

1. Children who experience child maltreatment in the forms of physical abuse and neglect are more likely than others to commit violent crimes later in life.
2. Poor supervision and aggressive discipline predict children's convictions for person crimes well into their forties.
3. Boys with very strict parents reported the most violence and boys with very permissive parents reported the second highest level of violence. Those with parents who were not overly strict or overly permissive reported the least violence later in life.



Source: Nebraska Department of Corrections

Mike, 18

Just One More Chance

"Many of us kids, or should I say all of us kids in here are here for doing something against the law. It could be for stealing some clothes, being involved in a fight or maybe even as bad as stealing a car. But no matter what reason we are here for there is a good side to every one of us. Some of us just need some time to sit it out and think about the real reason why we are here. I don't know an easier way of putting it except to tell you the story of why I'm here and why I deserve 'Just One More Chance.'"

"It all started out when I was just getting my life back on track. I was enrolled in school, I had been working, and the family was starting to get along pretty good. It was about the third day of school and I was heading toward graduation. One of my friends was having some problems at home with her parents and we decided to run away together, or at least try to run away together. I took one of my grandfather's blank checks and wrote it out for the amount of $900.00, forged his name and cashed it at our local bank. Anyway, I ended up here."

"Being here has given me a lot of time to think about what I have done. I can't believe I did what I did. I love my grandparents too much to do this to them. As you already know, I was on my way to graduating. My grandparents have always wanted to see me graduate, and I wanted to make them proud. This is why all I am asking for is Just One More Chance." Derek, age 16, Northeast Nebraska Juvenile Services, Inc.

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Food Stamps

The USDA provides coupons to individuals and families redeemable at food stores. These coupons are called Food Stamps. Nebraska Health and Human Services (HHS) distributes Food Stamps to families that have incomes at or below 130% of poverty. Food Stamps are provided in an effort to help families maintain a low-cost and healthy diet. In 1999, 92,259 persons or 38,206 households received Food Stamps monthly in Nebraska. An average of $148.08 per household and $61.32 per person was received monthly totaling $67,888,595. In 1999, there were 46,751 children ages 0-17 found eligible to receive Food Stamps.

USDA Nutrition Programs

School Lunch

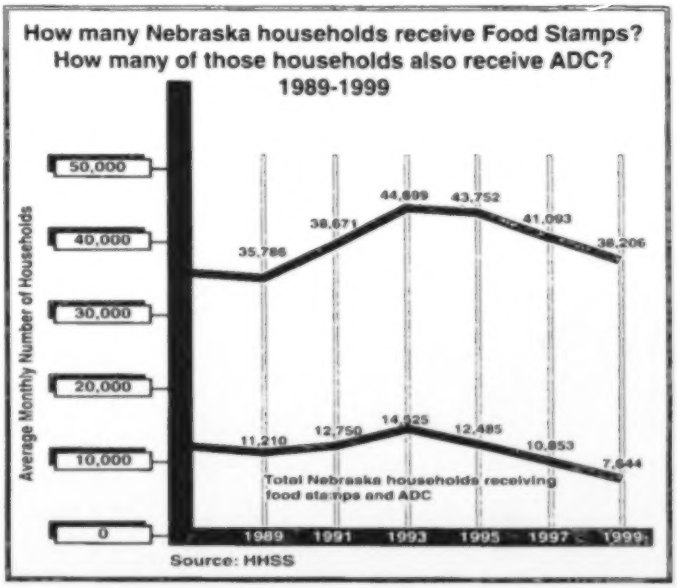
The USDA subsidizes all lunches served in schools. Families are eligible for free or reduced price lunches based on their income level. If the family income is at or below 130% of poverty the meals are free and those families at or below 185% of poverty can receive reduced price meals. During the 1998-1999 school year 493 of the 840 school districts offered school lunches. This is a total of 989 out of 1,591 Nebraska schools. An average of 77,656 children received free and reduced price lunches, with 56,426 receiving free lunches and 21,230 receiving reduced price lunches. Unfortunately, 92,619 children were found eligible for free and reduced price lunches leaving 14,963 eligible children without access to school lunch. A total average of 206,946 children participated in the school lunch program.

School Breakfast

During the 1998-1999 school year 474 schools in 181 districts participated in the school breakfast program. Unfortunately, that leaves schools in 659 districts that do not offer breakfast. The USDA provides reimbursements to schools for breakfast as they do for lunch. An average of 38,029 students benefited from the breakfast program. An average of 22,689 students received free breakfast while 3,818 students were charged a reduced price for their school breakfasts. A total of $33,824,071 was spent for all breakfasts and lunches in Fiscal Year 1999.

Policy Box

The Nebraska Legislature enacted legislation in 2000 that provides reimbursement of $.05 per school breakfast served from General Funds to schools. This legislation provides a supplement to the federal per-meal reimbursement to assist schools in providing students with access to the school breakfast program. This is an important piece of legislation considering Nebraska ranks 49 out of 51 states in participation in the Federal School Breakfast Program.



Summer Food Service Program (SFSP)

The USDA Summer Food Service Program (SFSP) was created to meet the nutritional needs of children and low-income adults during the summer months. The SFSP is utilized in only 14 Nebraska counties benefiting a total of 6,184 child participants in 1999. Due to four of the sites offering two meals daily the actual unduplicated number of child participants may be lower than that for one child may be counted twice for receiving both breakfast and lunch in one day. A total of 93 Summer Food Program sites, 73 of which were in Douglas and Lancaster counties, were available in 1999. This is a drop from the 94 sites available in 1998. The SFSP also provides food for summer camps, however HHS does not include these numbers in the total number of Nebraska participants because some of the campers are not from Nebraska.

Jin "Let's Do Lunch"

Commodity Distribution Program

In 1999, 50,749 households, an average of 4,229 households per month, were served through the Commodity Distribution Program. The USDA purchases surplus commodities through price support programs and designates them for distribution to low-income families and individuals through food banks, soup kitchens, and pantries. A total of 320,615 meals were served in soup kitchens through this program, averaging 26,718 meals per month.

Child and Adult Care Food Program

In 1999, an average of 10,863 daily lunches were provided in child and adult care centers and 12,325 in homes through this food program.

Commodity Supplemental Foods Program (CSFP)

The USDA provides surplus commodity foods such as non-fat dry milk, cheese, canned vegetables, juices, fruits, pasta, rice, dry beans, peanut butter, infant formula, and cereal to families with infants and children to age 6 whose incomes are at or below 185% of poverty. Women who are pregnant, breastfeeding, and postpartum (at or below 185% of poverty) are eligible as well as seniors age 60 or older (at or below 130% of poverty). An average of 1,599 women, infants, and children were served by CSFP per month totaling 19,188 total food packages for fiscal year 1999. Seniors received 144,756 food packages averaging 12,063 seniors served per month in 1999. There are 43 CSFP distribution sites serving all 93 counties.

CSFP - FFY 1999

	Women	Infants	Children	Seniors	Total
Avg./MO/served	227	85	1,287	12,063	13,662
Total Food kg.	2,724	1,020	15,444	144,756	163,944

Source: HHSS

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) celebrated its 25th anniversary in 1999. WIC served an average of over 7.3 million participants per month through 10,000 clinics nationwide in 1999. The program provides supplemental foods such as milk, juice, cheese, and cereal to Nebraska residents that have a nutritional risk and meet the income guidelines of 185% of poverty. Guardians, fathers, and foster parents can receive benefits for their children under the same need and income guidelines. The Nebraska WIC Program served 56% of the estimated income eligible persons for 1999 based on average monthly participation. In 1999, the Nebraska WIC Program served an average of 1,663 breastfeeding women/teens, 2,756 postpartum women/teens, 3,410 pregnant women/teens, 8,354 infants and 16,196 children per month. From 1996-1998 WIC average monthly participation dropped by over 4,000 participants. In 1999, the total participation numbers increased from 31,107 in 1998 to 32,379.

Every dollar spent on a pregnant woman on WIC produces $1.92-$4.21 in Medicaid savings for newborns and their mothers. Medicaid savings were reduced on average between $12,000 and $15,000 per infant for every very low birthweight (less than 1500 grams) prevented. Costs for food benefits and nutrition services are approximately $601 per year for a pregnant woman in WIC.

NE WIC Participation by Category for Federal Fiscal Year 1999, Monthly Average (October - September)

Breast Feeding Women	1,663
Postpartum Women	2,756
Pregnant Women	3,410
Infants	8,354
Children	16,196
Total	32,379

Source: HHS

WIC Recipient Karlie, 1

WIC Participants

Year	Average Monthly Program Participants
1990	21,915
1991	25,436
1992	28,714
1993	31,885
1994	33,592
1995	35,059
1996	35,376
1997	32,351
1998	31,107
1999	32,379

Source: HHSS

Out-of-Home Care

Out-of-Home Care

Nebraska children may be placed in out-of-home care as a result of parent/guardian abusive or neglectful behavior or their own delinquent or uncontrollable behavior. Nebraska Health and Human Services (HHS) is responsible for most of the children in out-of-home care because they are court ordered into care as wards of the state. There are a small number of children placed in private residential facilities who are not wards of the state. A child in out-of-home care may reside in a variety of placements such as foster homes, group homes, residential treatment facilities or juvenile correction facilities.

State Foster Care Review Board (FCRB)

In 1982, the FCRB was created as an independent agency responsible for reviewing the plans, services, and placements of children who have been in out-of-home care for six months or longer. A crew of over 350 trained citizen volunteers serve on local FCRB boards to engage in this important review process. Completed reviews are shared with all case involved legal parties. The FCRB also has an independent tracking system for all children in out-of-home care, and regularly disseminates information on the status of Nebraska children in out-of-home care. With the exception of the approved and licensed foster care home data, all of the data in this section was provided by the FCRB through their independent tracking system.

How Many Children Are in Out-of-Home Care?

In 1999, there were a total of 10,286 Nebraska children in out-of-home care. On January 1, 1999 there were 5,402 children in out-of-home care, during the year 4,884 entered care while 4,489 left care. There were 5,557 children in care on December 31, 1999. Of the 4,884 children who entered care in 1999, 2,862 or 58% were placed in out-of-home care for the first time and 2,022 for the second or more times. Of the 5,557 children on December 31, 1999, 4,826 were HHS wards. Neglect is the most commonly recorded cause for removal of a child from their parent or guardians home.

Neglect has several forms that range from outright abandonment to inadequate parenting skills which effect child well-being. The child's behavior is the second most prevalent cause of placement followed by physical abuse.

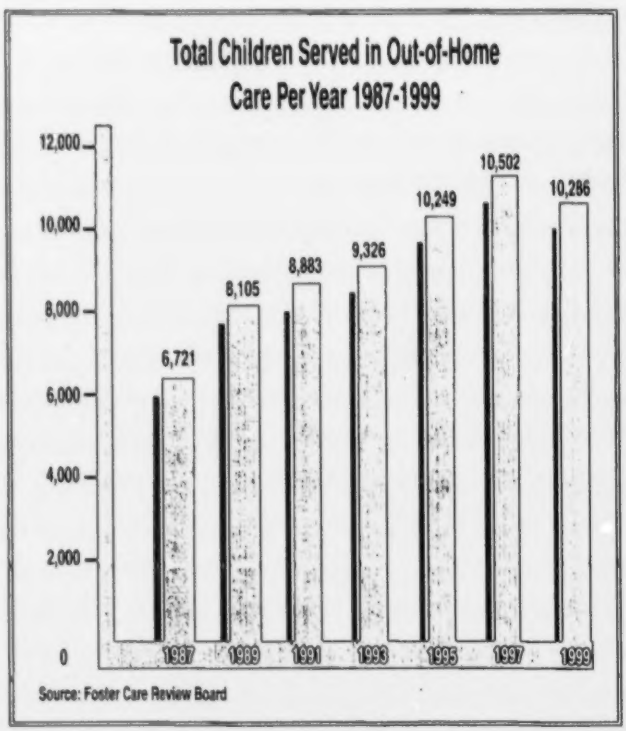
There are a variety of placement possibilities for children in out-of-home care. Of the 5,557 children in care on December 31, 1999, there were 2,250 (approximately 40%) in foster-homes, 1,085 in group homes or residential treatments centers, 630 placed with relatives, 558 in jail/youth development centers and 327 in emergency shelters. The remaining children were involved in Job Corp/school or lived in pre-adoptive homes, centers for the disabled, psychiatric, medical, or drug/alcohol treatment facilities, or child caring agencies. Seventy-nine of the children were runaways/whereabouts unknown and 34 were living independently as they were near adulthood.

Reasons Children Entered Out-of-Home Care in 1999

Neglect	4,038
Child's Behaviors	1,120
Physical Abuse	1,050
Parental Substance Abuse	879
Child's Physical or Emotional Needs	495
Other	406
Sexual Abuse	396
Emotional Abuse	301

* Up to three reasons are allowed for each child therefore the numbers may be duplicated

Source: State Foster Care Review Board



Licensed and Approved Foster Homes

In June 1999, there were 1,545 licensed foster homes, a 32.3 % increase over last year's 1,168. The number of approved foster homes continues to rise with 1,398, an increase of 628 homes from 1998. This increase has helped make up for the lack of licensed foster homes, however this may cause additional concerns. Licensed foster homes are required to pass background checks consisting of reference checks, a local criminal record check, and child abuse registry checks. These providers must also participate in a series of interviews and complete initial and ongoing training. On the other hand approved providers are usually relatives or individuals who have known the child or family prior to placement and are not required to pass the same approval process as licensed providers. Due to the lack of training required, approved providers may provide care for the child or children from one family only. Approved providers must pass an in-home evaluation, a child abuse registry check, and local criminal record check.

Lack of Foster Care Homes

According to HHS, a total of 2,943 approved and licensed homes were available in Nebraska in 1999. Foster care providers are desperately needed for individual homes are the most ideal and least institutionalized environment for children placed in out-of-home care.

Multiple Placements

Unfortunately, it is typical for a child to be moved repeatedly while in out-of-home care. The FCRB tracking system counts each move as a placement; therefore, if a child is placed in a foster home, then sent to a mental health facility, then was placed in a different foster home, three placements would be counted; however, a hospitalization for an operation would not be counted. Again the ideal situation for a child placed in out-of-home care is to experience only one placement creating the consistency recommended for positive child well-being.

Policy Box

On April 10, 2000 Governor Mike Johanns signed into a law a bill that provides financial assistance to families adopting children who are state wards. This law provides a $1,000 payment to adoptive parents for up to five years for adopting a child up to age 19 who is a ward of the state.

Out-of-Home Care Children by Race (December 31, 1999)

Race	Percent in Care
White	56.2%
Black	17.0%
Other/not known	11.9%
Native American	7.4%
Hispanic	6.0%
Asian	1.5%

Source: State Foster Care Review Board

Scott, 3

Number of Placements Experienced by Children in Out-of-Home Care

Number of Placements	In Care on Dec. 31, 1989	In Care on Dec. 31, 1999
4 or more	31.5% (1,441 of 4,575)	48.9% (2,715 of 5,557)
6 or more	19.7% (901 of 4,575)	34.4% (1,910 of 5,557)

Source: State Foster Care Review Board

Quote

"Without a word, Alice [foster parent] opened her arms. And as she held me, I suddenly realized that my lifelong search for love and acceptance had finally ended in the arms of a foster parent."

Excerpt from The Lost Boy by David Pelzer, Child Abuse Survivor and Bestselling Author

Race and Ethnicity

Minority children continue to be over-represented in the Nebraska out-of-home care system. Minority children make up approximately 14% of Nebraska's child population (according to 1998 census estimates), however they represent approximately 25% of children in out-of-home care.

Adoption Services

Adoption is the preferred permanency plan for children who cannot be safely reunited with their biological family. In 1999, there were 380 adoptions finalized in Nebraska agencies. To encourage adults to adopt subsidies may be available. This helps remove some barriers associated with adopting children who are older, need to be placed with one or more siblings, are of minority races or who have special behavioral, emotional or physical needs.

Policy Box

In the year 2000, legislation passed which authorizes the development of the Court Appointed Special Advocate. The legislation establishes statewide guidelines for trained volunteers to help protect the interests of youth in out-of-home care. In addition, the law restricts the appointment of guardians ad litem to licensed attorneys.

Kathy & Kids

Kathy - A Foster and Adoptive Parent

Kathy is a nurse who became involved in foster care when she was working with children with special needs in a local hospital. She observed extreme difficulties the state has placing these children in good homes and decided that she needed to help out. Kathy's first three foster children were terminally ill. Twenty-three years and 70 special needs children later Kathy is still at it. She has successfully adopted 5 children, two are now adults, and she currently has another adoption pending. Kathy stated that out of the 70 children that she has cared for in her home only 3 were reunited with their parents and 2 of those reunifications failed. The vast majority of Kathy's foster and adopted children have had preventable special needs, the result of drug and alcohol exposure prior to and at birth. Kathy's states, "We're using a medical model to "fix" problems and not putting our resources into prevention, we're not progressive." Kathy has given her life to caring for children with very special needs and she feels it is the best and most rewarding way to spend her time. "Foster parenting is challenging, but good things in life don't come easily. I get to reap all of these wonderful rewards, seeing them grow and blossom and exceed professional's predictions." Kathy is concerned that Nebraska is too lenient with parents. "Kids are in foster care too long," she states. "Other states are more progressive."

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If you are interested in making a difference in a child's life by becoming a foster parent, please call 1-800-7PARENT for information.

County Data Notes

1. TOTAL COUNTY POPULATION
   Source: 1990 U.S. Census of Population and Housing, Summary Tape File 3A (STF3A).

2. CHILDREN 17 AND UNDER
   Source: 1990 U.S. Census of Population, STF3A.

3. CHILDREN 5 AND UNDER
   Source: 1990 U.S. Census of Population, STF3A.

4. BIRTHS IN 1999
   Source: Nebraska Health and Human Services System (HHSS).

5. MINORITY CHILDREN (Native American, Hispanic, Black, Asian, and Children of Other Race)
   Source: 1990 U.S. Census of Population, STF3A.

6. CHILDREN LIVING IN SINGLE PARENT FAMILIES (Single Head of Household may be male or female)
   Source: 1990 U.S. Census of Population, STF3A.

7. PERCENT OF POOR CHILDREN WHO LIVE IN SINGLE PARENT FAMILIES
   Source: 1990 U.S. Census of Population, STF3A.

8. PERCENT OF POOR CHILDREN WHO LIVE IN TWO PARENT FAMILIES
   Source: 1990 U.S. Census of Population, STF3A.

9. PERCENT OF CHILDREN LIVING IN POVERTY
   Source: 1990 U.S. Census of Population, STF3A.

10. PERCENT OF CHILDREN UNDER 5 YEARS OF AGE LIVING IN POVERTY
    Source: 1990 U.S. Census of Population, STF3A.

11. PERCENT OF MINORITY CHILDREN LIVING IN POVERTY
    Source: 1990 U.S. Census of Population, STF3A.

12. PERCENT OF CHILDREN UNDER 6 YEARS OF AGE WHOSE MOTHERS WORK OUTSIDE THE HOME
    Source: 1990 U.S. Census of Population, STF3A.

13. AVERAGE MONTHLY NUMBER OF FAMILIES ON ADC IN 1999
    Source: HHSS.

14. AVERAGE MONTHLY NUMBER OF CHILDREN RECEIVING MEDICAID SERVICES in 1999
    Source: HHSS.

15. NUMBER OF WOMEN, INFANTS AND CHILDREN ELIGIBLE TO PARTICIPATE IN WIC SERVICES IN 1999
    Source: United States Department of Agriculture.

16. NUMBER OF WOMEN, INFANTS AND CHILDREN PARTICIPATING IN WIC SERVICES IN 1999
    Source: HHSS.

17. AVERAGE NUMBER OF CHILDREN PARTICIPATING IN FREE AND REDUCED BREAKFAST PROGRAM IN 1999
    Source: Nebraska Department of Education

18. AVERAGE NUMBER OF CHILDREN RECEIVING FREE OR SUBSIDIZED SCHOOL LUNCH IN 1999
    Source: Nebraska Department of Education.

19. AVERAGE DAILY NUMBER OF CHILDREN SERVED BY THE SUMMER FOOD PROGRAM IN 1999
    Source: Nebraska Department of Education.

20. BIRTHS TO TEEN AGES 10 TO 17 YEARS OLD FROM 1990 TO 1999
    Source: HHSS.

21. OUT OF WEDLOCK BIRTHS FROM 1990 TO 1999
    Source: HHSS.

22. INFANT DEATHS 1990 TO 1999
    Source: HHSS.

23. DEATHS IN CHILDREN AGES 1 TO 19 FROM 1990 TO 1999
    Source: HHSS.

24. NUMBER OF INFANTS BORN AT LOW BIRTH WEIGHTS IN 1999
    Source: HHSS.

25. HIGH SCHOOL GRADUATES 1999
    Source: Nebraska Department of Education.

26. SEVENTH TO TWELFTH GRADE SCHOOL DROPOUTS FOR THE SCHOOL YEAR 1998-1999
    Source: Nebraska Department of Education.

27. NUMBER OF CHILDREN WITH VARIFIED DISABILITY RECEIVING SPECIAL EDUCATION FOR THE SCHOOL YEAR 1998-1999
    Source: Nebraska Department of Education.

28. COST PER PUPIL (Public Expenditures) FOR THE SCHOOL YEAR 1998-1999
    Source: Nebraska Department of Education.

29. HEAD START ENROLLMENT FOR 1999
    Source: U.S. Department of Health and Human Services, Region VII Office of Community Operations.

30. CHILDREN IN FOSTER CARE BY COUNTY OF COMMITMENT 1999
    Source: Nebraska Foster Care Review Board.

31. REPORTED NUMBER OF YOUTH 19 AND YOUNGER WITH STD'S IN YEARS 1995-1999
    Source: HHSS

32. JUVENILE ARRESTS 1999
    Source: Nebraska Crime Commission and Omaha Police Department.

COUNTY	1 TOTAL POPULATION	2 CHILDREN AGE 0-17	3 CHILDREN UNDER 5	4 1999 BIRTHS	5 MINORITY CHILDREN	6 CHILDREN WITH SINGLE PARENTS	7 % POOR W/ SINGLE PAR.	8 % POOR W/ TWO PARENTS	9 % CHILDREN IN POVERTY	10 % UNDER 5 IN POVERTY	11 % MIN CHIL IN POVERTY	12 % UNDER 6 WORKING MOM	13 FAMLIES ON ADC	14 MEDICAID ELIG. CHILDREN	15 WIC ELIGIBLE 1999	16 1999 WIC PARTICIPANTS
ADAMS	29625	7393	2118	408	120	1162	59	41	13	15	19	77	180	1203	1011	657
ANTELOPE	7965	2452	656	82	31	234	21	79	23	29	87	58	28	387	503	91
ARTHUR	462	114	36	2	2	0	0	100	19	28	0	33	1	11	33	12
BANNER	852	251	66	3	8	11	18	82	29	36	0	64	2	49	50	16
BLAINE	675	183	41	6	0	0	0	100	39	51		63	3	37	32	11
BOONE	6667	1943	534	60	16	107	15	85	16	20	63	70	26	251	393	146
BOX BUTTE	13130	4172	1098	155	413	713	58	42	14	18	46	60	88	646	523	390
BOYD	2835	765	175	22	7	50	11	89	29	32	71	52	11	104	145	53
BROWN	3657	993	256	39	10	127	21	79	23	33	0	65	7	220	197	77
BUFFALO	37447	9641	2707	590	464	1226	50	50	12	14	25	78	300	1795	1124	881
BURT	7868	2096	518	67	80	234	33	67	21	23	56	66	29	267	378	94
BUTLER	8601	2391	605	115	40	258	39	61	11	15	13	70	31	326	282	110
CASS	21318	6128	1687	324	161	729	35	65	8	13	18	69	113	887	941	312
CEDAR	10131	3146	844	100	6	134	13	87	14	11	0	73	10	245	445	100
CHASE	4381	1259	329	54	52	163	28	72	14	19	70	53	10	159	248	72
CHERRY	6307	1807	515	65	174	188	20	80	34	47	69	61	25	408	466	192
CHEYENNE	9494	2621	719	123	166	485	54	46	13	21	43	81	43	410	390	172
CLAY	7123	1943	473	94	54	200	40	60	13	13	59	69	32	319	266	130
COLFAX	9139	2542	722	156	112	211	18	82	11	15	7	68	38	355	337	291
CUMING	10117	2844	728	119	34	241	19	81	11	10	0	74	25	370	398	202
CUSTER	12270	3308	841	128	95	338	31	69	17	21	61	73	53	722	456	262
DAKOTA	16742	5046	1414	379	723	859	55	45	15	19	28	73	124	1144	733	667
DAWES	9021	2311	577	103	194	399	57	43	22	36	77	71	66	451	408	230
DAWSON	19940	5546	1385	380	350	670	48	52	13	20	13	70	142	1617	931	1027
DEUEL	2237	602	137	18	73	78	42	58	17	31	62	59	8	61	131	29
DIXON	6143	1727	458	88	14	155	23	77	16	18	29	79	18	193	282	107
DODGE	34500	8992	2376	431	231	1189	51	49	10	14	35	75	171	1238	1202	657
DOUGLAS	416444	112059	33192	7133	23129	25497	78	22	15	20	41	71	5182	16351	14788	8651
DUNDY	2582	658	130	19	10	63	34	66	10	5	10	75	7	90	55	35
FILLMORE	7103	1877	487	78	15	141	23	77	9	9	55	65	18	229	213	90
FRANKLIN	3938	919	258	37	20	73	13	87	14	5	35	62	18	113	138	39
FRONTIER	3101	875	196	38	17	93	16	84	22	22	29	76	11	124	165	56
FURNAS	5553	1350	287	61	45	101	27	73	15	21	53	57	20	304	188	126
GAGE	22794	5537	1520	274	111	855	42	58	17	23	7	81	95	816	828	364
GARDEN	2460	574	159	20	6	69	38	62	24	22	0	84	8	137	88	30
GARFIELD	2141	553	135	19	2	49	23	77	22	16	0	73	4	87	94	64
GOSPER	1928	476	104	20	0	36	31	69	11	17		71	3	70	71	19
GRANT	769	228	64	6	3	32	58	42	16	23	0	64	1	52	41	25
GREELEY	3006	933	209	32	8	102	36	64	15	19	0	79	12	136	132	82
HALL	48925	13960	3851	844	1251	2059	52	48	14	19	36	76	563	2598	1854	1800
HAMILTON	8862	2598	678	121	99	216	19	81	11	11	25	75	41	256	305	152
HARLAN	3810	941	244	33	0	71	26	74	15	19		70	11	148	163	44
HAYES	1222	331	91	5	0	9	5	95	23	42		54	1	19	69	12

HITCHCOCK	3750	1075	252	22	22	73	18	82	19	16	0	68	9	222	154	62
HOLT	12599	3818	1057	127	23	298	16	84	17	22	0	65	44	603	665	322
HOOKER	793	198	49	10	4	24	65	35	13	8	0	78	0	43	23	20
HOWARD	6055	1709	431	79	36	144	29	71	16	20	12	71	27	268	247	132
JEFFERSON	8759	2146	567	92	51	162	42	58	10	8	41	73	27	290	273	130
JOHNSON	4673	1140	267	47	41	142	36	64	15	15	20	79	18	150	139	68
KEARNEY	6629	1774	506	99	20	216	30	70	14	21	32	69	20	240	293	99
KEITH	8584	2386	611	93	242	337	31	69	12	13	34	75	42	416	360	196
KEYA PAHA	1029	270	50	4	0	21	18	82	35	34		45	3	47	47	8
KIMBALL	4108	1125	283	37	113	195	50	50	14	12	23	57	15	226	157	71
KNOX	9534	2498	607	107	209	232	20	80	26	27	60	74	57	540	395	146
LANCASTER	213641	50912	15112	3594	3957	8605	62	38	10	14	36	75	1203	7673	5420	4468
LINCOLN	32508	9353	2383	444	821	1626	59	41	16	23	47	58	315	1731	1221	926
LOGAN	878	292	71	7	4	15	21	79	18	20	0	64	1	28	47	15
LOUP	683	188	49	7	2	10	17	83	13	0	100	57	1	32	35	13
MADISON	32655	9389	2663	535	445	1269	54	46	10	10	23	78	230	1687	1090	813
McPHERSON	546	161	40	4	0	9	10	90	58	43		74	2	20	30	11
MERRICK	8042	2263	576	92	34	199	37	63	14	18	0	65	38	295	398	165
MORRILL	5423	1511	394	73	176	126	21	79	20	26	48	54	34	329	244	134
NANCE	4275	1220	335	42	39	76	19	81	16	22	26	77	24	151	204	81
NEMAHA	7980	1950	511	58	28	182	36	64	12	18	56	54	40	258	264	101
NUCKOLLS	5786	1509	343	53	9	135	20	80	18	26	22	71	20	235	212	103
OTOE	14252	3681	951	178	101	349	26	74	14	19	42	72	53	451	483	228
PAWNEE	3317	778	213	29	22	108	19	81	16	17	0	66	9	109	157	40
PERKINS	3367	1000	226	22	17	74	17	83	21	15	24	61	6	89	96	54
PHELPS	9715	2619	705	120	109	361	42	58	12	21	33	86	46	363	347	138
PIERCE	7827	2297	619	88	49	204	32	68	12	14	20	68	15	290	338	86
PLATTE	29820	9277	2579	433	228	875	37	63	11	12	10	75	139	1090	1191	614
POLK	5675	1541	344	69	8	119	14	86	11	9	43	75	15	186	131	74
RED WILLOW	11705	3136	838	138	113	492	43	57	16	20	11	72	40	626	493	293
RICHARDSON	9937	2539	695	105	54	232	43	57	13	19	6	66	58	412	431	159
ROCK	2019	588	144	14	0	99	35	65	23	35		52	3	93	110	50
SALINE	12715	3135	827	163	65	297	35	65	12	13	37	80	33	462	290	274
SARPY	102583	32992	9536	2089	3991	3728	51	49	6	7	9	67	381	2213	3341	1554
SAUNDERS	18285	5186	1365	267	87	463	28	72	12	14	10	71	39	569	765	199
SCOTTS BLUFF	36025	10110	2561	506	2682	2095	50	50	22	32	43	63	548	2522	1879	1118
SEWARD	15450	4073	1069	187	92	416	45	55	12	14	42	75	31	384	453	192
SHERIDAN	6750	1897	405	60	253	288	35	65	26	33	58	58	54	350	335	164
SHERMAN	3718	1052	242	39	12	88	15	85	20	19	50	70	13	144	193	71
SIOUX	1549	409	100	8	24	43	21	79	26	26	43	65	2	26	96	9
STANTON	6244	2077	572	72	19	191	32	68	16	22	53	58	16	214	356	89
THAYER	6635	1647	382	54	54	180	29	71	17	27	50	79	18	236	303	110
THOMAS	851	266	52	12	16	58	28	72	28	38	50	73	3	33	38	25
THURSTON	6936	2428	757	169	1464	686	64	36	42	49	61	65	283	541	664	46
VALLEY	5169	1290	322	46	5	117	48	52	13	23	0	75	22	239	251	121
WASHINGTON	16607	4613	1063	229	73	436	33	67	5	9	40	72	44	325	453	165
WAYNE	9364	2248	642	122	39	227	27	73	15	17	20	70	27	225	326	115
WEBSTER	4279	1012	263	41	19	80	26	74	15	17	32	70	11	133	140	60
WHEELER	948	311	89	9	2	12	2	98	18	29	0	43	0	40	55	29
YORK	14428	4013	1143	154	83	344	24	76	7	11	27	67	31	579	431	250
STATE TOTAL	1578385	429187	175353	23900	44303	66385	53	48	14	17	37	71	11689	63833	57561	32988

COUNTY	17 FREE/SUBSID. BREAKFAST '99	18 FREE/SUBSID. SCHOOL LUNCH	19 SUMMER FOOD PROGRAM	20 TEEN BIRTHS 10-17, '90-'99	21 OUT WEDLOCK BIRTHS '90-'99	22 INFANT DEATHS '90-'99	23 1-19 DEATHS '90-'99	24 LOW BIRTH WEIGHT 1999	25 GRADUATES '98-'99	26 DROPOUTS '98-'99	27 SPECIAL ED. '98-'99	28 COST PER PUPIL '98- '99	29 HEAD START 1999	30 FOSTER CARE 1999	31 STDs 19 & UNDER 1995-1999	32 JUVENILE ARRESTS
ADAMS	214	881	135	138	962	35	35	26	378	83	875	5765	105	142	114	402
ANTELOPE	24	543	0	17	129	1	10	3	118	2	198	6283	18	9	7	3
ARTHUR	0	0	0	0	2	0	0	0	12	0	12	10334	0	0	0	4
BANNER	0	56	0	1	7	1	3	0	17	1	24	7475	0	0	0	1
BLAINE	0	46	0	2	6	0	1	0	15	1	14	10060	0	0	0	0
BOONE	162	398	0	19	106	4	8	2	110	9	162	6034	20	5	10	33
BOX BUTTE	0	472	63	91	465	17	17	6	220	7	349	5585	50	20	18	241
BOYD	0	171	0	13	40	3	5	0	53	0	90	7003	0	1	1	1
BROWN	0	107	0	16	59	3	6	1	39	2	82	5937	16	8	2	3
BUFFALO	637	1502	1931	152	1170	39	39	32	608	77	1175	5245	81	95	199	423
BURT	69	299	0	24	182	5	9	2	116	18	228	5658	17	15	3	39
BUTLER	48	289	0	28	147	6	4	8	145	9	203	5946	18	22	10	39
CASS	263	696	0	99	637	28	29	19	287	38	677	5696	123	39	60	130
CEDAR	70	636	0	13	142	12	19	5	204	3	235	6119	18	10	3	43
CHASE	0	235	0	21	83	4	5	0	86	8	147	6518	10	1	2	12
CHERRY	55	252	0	22	135	3	4	1	71	10	97	6348	38	12	0	72
CHEYENNE	126	487	230	55	280	6	11	4	155	25	246	6155	43	47	8	80
CLAY	64	356	0	25	143	9	15	6	106	4	305	7154	20	35	10	43
COLFAX	0	510	0	56	347	15	14	5	172	30	280	5418	20	15	25	143
CUMING	56	538	0	33	230	6	15	10	166	15	315	5564	21	11	4	30
CUSTER	77	546	0	40	226	11	16	5	171	9	243	6347	18	28	5	47
DAKOTA	303	958	223	160	1061	40	14	29	219	69	561	4898	72	36	133	350
DAWES	177	266	0	30	253	6	5	7	235	93	272	6067	60	6	50	69
DAWSON	209	1428	132	188	1173	41	36	31	299	78	656	5516	69	99	57	419
DEUEL	0	136	0	8	36	2	1	1	41	6	63	7666	19	4	1	10
DIXON	65	164	0	30	156	7	11	4	64	0	101	5433	0	16	7	38
DODGE	118	1206	0	137	1030	37	32	32	501	79	1113	5591	125	138	93	287
DOUGLAS	12436	19712	3441	2965	21508	589	460	537	5374	1639	11059	5758	797	1911	5094	5371
DUNDY	13	81	0	4	38	0	5	0	21	5	59	7443	0	0	0	10
FILLMORE	134	345	0	20	117	7	2	6	115	6	238	6611	18	5	61	28
FRANKLIN	0	126	0	9	49	1	5	0	37	2	83	6893	15	7	3	16
FRONTIER	46	181	0	8	43	0	6	5	67	1	127	7033	10	2	4	9
FURNAS	73	385	0	19	89	7	6	0	97	5	200	7267	20	4	7	36
GAGE	158	557	0	109	541	22	34	30	277	20	583	5742	58	27	48	287
GARDEN	0	149	0	3	22	2	2	2	31	2	45	8700	6	11	1	14
GARFIELD	0	84	0	3	27	3	5	1	35	1	58	6341	17	2	0	4
GOSPER	14	56	0	4	36	1	1	0	23	2	53	5955	0	7	4	6
GRANT	0	43	0	1	6	1	4	1	27	1	14	8337	0	0	0	10
GREELEY	69	328	0	12	74	0	6	1	69	0	107	6920	18	1	1	8
HALL	761	2333	327	422	2465	68	61	66	749	123	1484	5297	153	238	199	1330
HAMILTON	0	292	0	27	156	8	11	5	139	15	241	5762	20	12	18	97
HARLAN	26	76	0	8	55	2	5	1	37	1	45	6092	10	5	2	29
HAYES	0	59	0	3	9	0	2	0	17	1	27	8323	0	0	1	0

HITCHCOCK	28	135	0	19	63	4	3	1	41	4	84	7764	10	1	10	9
HOLT	162	540	0	34	203	9	20	6	212	12	292	6192	47	37	10	89
HOOKER	0	40	0	1	5	0	0	1	23	0	28	8034	0	0	0	2
HOWARD	104	397	0	32	151	8	12	10	131	6	282	5787	20	23	9	60
JEFFERSON	69	391	0	33	138	8	8	5	177	14	299	6312	20	17	0	69
JOHNSON	0	203	0	9	79	4	8	3	82	6	142	6336	0	3	16	1
KEARNEY	52	225	0	13	126	10	18	3	104	10	229	5889	35	20	6	48
KEITH	10	239	0	55	227	8	6	6	124	23	215	5715	18	37	9	85
KAYA PAHA	0	0	0	1	9	1	1	0	10	0	12	7626	0	0	20	3
KIMBALL	72	170	0	17	89	3	3	3	60	15	97	6228	18	24	0	19
KNOX	137	664	57	37	249	10	18	4	165	12	255	6770	18	7	7	19
LANCASTER	2287	7167	1089	992	7202	238	180	229	2774	693	5854	6083	428	644	10	3955
LINCOLN	517	1153	457	188	1160	44	44	30	473	79	994	5478	36	150	1846	746
LOGAN	17	52	0	0	5	1	2	0	22	3	22	7564	0	0	54	3
LOUP	13	57	0	1	6	0	1	0	12	1	12	8190	0	0	1	0
MADISON	27	1299	0	192	1284	46	53	30	608	61	868	5370	72	91	0	498
McPHERSON	0	0	0	0	3	0	2	0	11	0	6	7090	0	0	136	1
MERRICK	27	345	0	24	189	5	14	12	151	6	197	6061	20	8	0	69
MORRILL	45	146	167	30	157	5	16	8	82	15	113	6387	30	22	9	40
NANCE	55	255	0	20	91	4	5	2	50	3	98	5317	17	6	10	29
NEMAHA	0	207	0	12	157	9	12	7	94	7	155	6428	34	9	6	65
NUCKOLLS	28	171	0	19	84	2	7	4	77	1	172	6528	20	12	7	1
OTOE	21	365	0	79	385	14	16	18	215	31	417	5649	34	11	7	90
PAWNEE	46	187	0	7	30	2	7	1	52	4	100	6296	13	2	11	8
PERKINS	0	142	0	7	36	0	7	0	67	4	79	7363	0	2	6	10
PHELPS	50	265	0	38	191	8	15	7	149	23	394	6195	15	25	9	66
PIERCE	84	365	0	25	144	9	11	7	147	4	218	5546	0	6	8	53
PLATTE	177	1064	0	135	917	35	39	29	503	71	816	5477	91	52	26	434
POLK	0	221	0	13	85	3	7	7	97	2	159	6187	10	7	2	7
RED WILLOW	254	493	0	49	309	12	10	8	144	25	443	5930	18	23	31	258
RICHARDSON	121	536	0	38	251	9	9	7	133	19	292	5915	62	20	8	105
ROCK	0	80	0	3	17	1	5	1	32	0	42	7421	0	0	0	12
SALINE	92	467	0	28	251	12	12	10	223	12	379	5340	20	20	51	157
SARPY	267	2086	0	394	2755	124	112	133	1516	75	2495	5530	108	322	371	1990
SAUNDERS	55	591	0	48	346	13	12	16	237	20	454	5808	44	30	33	165
SCOTTS BLUFF	432	1846	250	357	1839	36	49	40	497	93	840	5193	203	184	214	439
SEWARD	15	407	0	29	243	3	15	8	219	19	440	6084	20	25	19	123
SHERIDAN	65	329	0	35	228	5	13	3	108	8	163	6151	40	8	9	164
SHERMAN	70	209	0	17	98	3	6	3	53	2	85	6471	20	6	2	3
SIOUX	0	0	0	2	13	2	1	1	15	0	11	9455	0	1	0	0
STANTON	0	114	0	27	146	1	4	2	38	3	71	5699	13	8	8	31
THAYER	0	251	0	9	82	1	4	5	107	5	154	7092	20	8	4	16
THOMAS	0	51	0	1	12	0	2	0	9	0	25	9036	0	0	0	0
THURSTON	341	849	451	123	934	19	11	6	102	61	444	6985	18	11	135	4
VALLEY	23	205	0	17	90	1	8	4	71	2	99	6422	20	64	7	45
WASHINGTON	9	332	0	41	311	11	21	19	264	27	493	5516	0	9	38	239
WAYNE	31	340	0	14	166	11	13	7	156	5	198	5478	18	8	25	35
WEBSTER	4	143	0	12	60	1	2	3	49	5	148	6509	15	5	1	21
WHEELER	15	38	0	2	8	1	0	0	13	0	14	9800	0	3	0	7
YORK	87	466	0	24	326	14	11	8	213	22	425	6510	47	3	19	16
STATE TOTAL	22376	64283	7215	8338	56392	1822	1834	1611	22035	4013	43470	5838	3815	47	9465	20526

Methodology, Data Sources and Definitions

GENERAL

Data Sources: Sources for all data are listed below by topic. In general, data was obtained from the state agency with primary responsibility for that subject and from reports of the U.S. Bureau of Census and the U.S. Department of Commerce. With respect to population data, the report utilizes data from the 1990 U.S. Census of Population and Housing (STF3A).

Race - Race/Hispanic identification - Throughout this report, race is reported based on definitions used by the U.S. Bureau of Census. The census requests adult household members to specify the race for each household member including children. The racial categories provided are: White, Black, American Indian/Eskimo/Aleut, Asian/Pacific Islander, and Other Race. These racial categories are mutually exclusive; all persons are expected to respond with a single category. The census treats Hispanic origin as a separate category and Hispanics may be of any race. In Nebraska, the great majority of Hispanic householders classify themselves as of either White or Other Race.

Rate - Where appropriate, rates are reported for various indicators. A rate is the measure of the likelihood of an event/case found in each 1,000 or 100,000 "eligible" persons. (Child poverty rates reflect the number of children living below the poverty line as a percentage of the total child population.)

Selected Indicators for the 2000 Report - The indicators of child well-being selected for presentation in this report reflect the availability of state data, the opinion and expertise of the Kids Count in Nebraska project consultants and advisors, and the national Kids Count indicators.

INDICATORS OF CHILD WELL-BEING

Data Sources: Data was provided by the Nebraska Health and Human Services System, (HHSS), and the Nebraska Domestic Violence/Sexual Assault Coalition. Estimates provided by HHSS are based on a four-year average of the years 1996-1999. Due to the HHSS computer conversion estimates were still necessary for some data areas. Data areas should specify if estimated. Data regarding hospital discharges was provided by vital statistics. Abuse fatalities data was provided by vital statistics.

Neglect - Can include emotional, medical, physical neglect, or failure to thrive.

Substantiated Case - A case has been reviewed and an official office or court has determined that credible evidence of child abuse and or neglect exists. Cases are reviewed by HHSS and/or an appropriate court of law.

Agency Substantiated Case - HHSS determines a case to be substantiated when they find indication, by a "preponderance of the evidence" that abuse and/or neglect occurred. This evidence standard means that the event is more likely to have occurred than not occurred.

Court Substantiated Case - A court of competent jurisdiction finds, through an adjudicatory hearing, that child maltreatment occurred. The order of the court must be included in the case record.

Domestic Violence Shelter - Shelters (public or private) for women and children whose health/safety are threatened by domestic violence.

EARLY CARE AND EDUCATION

Data sources: Parents in the workforce data was taken from the 1990 U.S. Census of Population and Housing. Data concerning child care subsidies and licensed childcare was provided by HHSS. Data concerning Head Start was provided by the Administration for Children and Families, U.S. Department of Health and Human Services, Office of Family Supportive Services, Head Start and Youth Branch. Data concerning early childhood initiatives was obtained from the Nebraska Department of Education web site for Early Childhood.

Child Care Subsidy - HHSS provides full and partial child care subsidies utilizing federal and state dollars. Eligible families include those on Aid to Families with Dependent Children and families at or below 185% of poverty. Most subsidies are paid directly to a child care provider, while some are provided to families as vouchers.

Licensed Child Care - State statute requires HHSS to license all child care providers who care for four or more children for more than one family on a regular basis, for compensation. A license may be provisional, probationary or operating. A provisional license is issued to all applicants for the first year of operation.

Center Based Care - Day care centers which provide care to many children from a number of families. State license is required.

Family Child Care Home I - Provider of child care in a home with between four and eight children from families other than providers at any one time. State license is required. This licensure procedure begins with a self-certification process.

Family Child Care Home II - Provider of child care serving 12 or fewer children at any one time. State license is required.

Head Start - The Head Start program includes health, nutrition, social services, parent involvement, and transportation services. This report focuses on the largest set of services provided by Head Start - early childhood education.

ECONOMIC WELL-BEING

Data Sources: Data related to Temporary Assistance to Needy Families, Kids Connection income guidelines, poverty guidelines, and child support collections was provided by HHSS. Data concerning divorce and involved children was taken from Vital Statistics provided by HHSS. Data enumerating the number of children in low income families and cost burden for housing was taken from the 1990 Census of Population and Housing, STF3A. Data on the Earned Income Tax Credit program was provided by the Department of Revenue.

EDUCATION

Data Sources: Data on high school completion, high school graduates, secondary school drop-outs, expulsions, and children with identified disabilities was provided by the Nebraska Department of Education. Achievement scores were provided by the state consultant on accreditation and school improvement.

Behavioral Disorder - An inability to learn which cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes children with schizophrenia. The term does not include children with social maladjustment unless determined to have behavioral disorders.

Dropouts - A dropout is an individual who: A) was enrolled in school at some time during the previous year, or B) was not enrolled at the beginning of the current school year, or C) has not graduated from high school or completed a state or district-approved educational program, or D) does not meet any of the following exclusionary conditions; 1) transfer to another public school district, private school, or state or district-approved educational program, 2) temporary absence due to suspension or school-approved illness, or 3) death.

High School Completion - The high school completion rate is a comparison of the number of children starting high school and the number of graduation four years later. This comparison does not account for transfers in and out, deaths, or temporary absences.

Expulsion - Exclusion from attendance in all schools within the system in accordance with section 79-4, 196. Expulsion is generally for one semester unless the misconduct involved a weapon or intentional personal injury, for which it may be for two semesters.

Special Education - Specially designed instruction to meet the individual needs of children who meet the criteria of a child with an educational disability provided at no extra cost to the parent. May include classroom support, home instruction, instruction in hospitals and institutions, speech therapy, occupational therapy, physical therapy, and psychological services.

Health-PHYSICAL AND BEHAVIORAL

Data Sources: Data for Medicaid participants was provided by HHSS. Data related to pertussis, immunizations, STD's, and blood lead levels was provided by the HHSS. Data related to infant mortality, child mortality, and births is based on HHSS 1999 Vital Statistics Report. Data related to adolescent risk behaviors sexual behaviors, and use of alcohol, tobacco, and other drugs are taken from the 1999 Youth Risk Behavior Survey. Data enumerating motor vehicle accident related deaths and injuries was provided by the Nebraska Department of Roads.

Data pertaining to children receiving mental health and substance abuse treatment in public community and residential treatment facilities was provided by HHSS.

Prenatal Care - Data on prenatal care is reported by the mother and on birth certificates.

Low Birth Weight - A child weighing less than 2,500 grams or approximately 5.5 pounds at birth.

JUVENILE JUSTICE

Data Sources: Data concerning total arrests and the number of juveniles in detention centers was provided by the Nebraska Commission of Law Enforcement and Criminal Justice (Crime Commission). Data concerning juveniles currently confined or on parole was provided by the HHSS, Office of Juvenile Services. Data on youth committed to YRTC programs was provided by HHS. Data on youth in the adult corrections system was provided by the Department of Corrections. Data on youth arrested/convicted of serious crimes and juvenile victims of sexual assault was provided by the Crime Commission. Data concerning juveniles on probation was provided by the Administrative Office of the Courts and Probation.

Arrests, Part I Offenses - There are two categories of serious crimes: violent crimes and crimes against property. Violent crimes include the following: murder/manslaughter, death by negligence, forcible rape, robbery, and felony assault. Crimes against property include: burglary, larceny-theft, motor vehicle theft, and arson.

Arrests, Part II Offenses - The following crimes are included: misdemeanor assault, forgery and counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons offenses, prostitution and commercialized vice, sex offenses, drug offenses, gambling, offenses against family, driving under the influence, liquor offenses, disorderly conduct, vagrancy, curfew and loitering law violations, and runaways.

Juvenile Detention - Juvenile detention is the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the Court, requiring a restricted environment for their own or the communities protection, while pending legal action.

Youth Rehabilitation and Treatment Center (YRTC) - A long term staff secure facility designed to provide a safe and secure environment for Court adjudicated delinquent youth. A YRTC is designed to provide services and programming that will aid in the development of each youth with a goal of successfully reintegrating the youth back into the community

NUTRITION

Data Sources: Data on households receiving food stamps, the USDA Special Commodity Distribution Program, the USDA Commodity Supplemental Foods Program, and the WIC Program was provided by HHSS. Data related to the USDA Food Programs for Children was provided by the Nebraska Department of Education.

OUT-OF-HOME CARE

Data Sources: Data was provided by HHSS and the Foster Care Review Board.

Approved Foster Care Homes- HHSS approves homes for one or more children from a single family. Approved homes are not reviewed for licensure. Data on approved homes had been maintained by HHSS since 1992. Often these homes are the homes of relatives.

Licensed Foster Care Homes - Must meet the requirements of the HHSS. Licenses are reviewed for renewal every two years.

Out-of-Home Care - 24 hour substitute care for children and youth. Out-of-home care is temporary care until the child/youth can be returned to his or her family, placed in an adoptive home, receive a legal guardian, or reach the age of majority. Out-of-home care includes the care provided by relatives, foster homes, group homes, institutional settings, and independent living.

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1. Hubner, J. and Wolfson, J., Coalition for Juvenile Justice Annual Report, 2000: Handle with Care: *Serving the Mental Health Needs of Young Offenders.*

"Funny Face" Albert, 6

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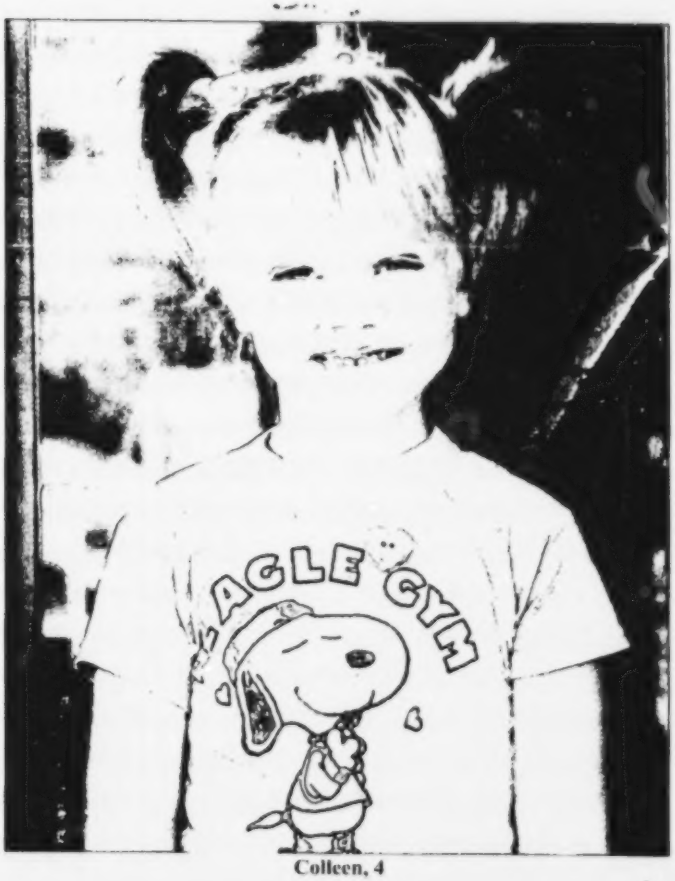
Pat Urzedowski, Child Care, Health and Human Services
David Wegner, Deputy Probation Administrator, NE Supreme Court
Allan Wenstrand, Director, NE Dept. of Economic Development
Jolee Wheatley, Research Supervisor, Labor Market Information, NE Dept. of Labor



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